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**Towards assessing the impact of tourism on health
in developing countries:
Exploring Peruvian villagers' concepts of prerequisites for
good community health**

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To the best of my knowledge and belief this thesis contains no material previously published by any other person except where due acknowledgement has been made. This thesis contains no material which has been accepted for the award of any other degree or diploma in any university.

Signature

Date 3 March, 2010

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ABSTRACT

Background: Tourism is one of the largest global industries, forecasting 1.6 billion international arrivals by 2020. This growth includes destinations in the developing world. This is also there where negative economic, environmental and social impacts of developments, including tourism, are particularly pronounced and have attracted much attention in the literature. To date, there has been little focus on the implications of tourism for the health status of rural and remote destination communities. Globally, impact assessments are now an integral part of project applications, but no tool exists to measure tourism's health impacts. Furthermore, the power imbalance between the 'expert' assessors who choose measurement criteria and conditions and the affected people who have to live with the impact has long been criticised. Therefore, the aim of this study was to prepare the ground for the development of community-validated indicators for an assessment tool that can be used by target communities to make decisions for or against the acceptance of a tourism project.

Methods: First, to inform the design of a Tourism Health Impact Assessment Tool (TOHIAT), 35 people from two remote villages in the Peruvian Cordillera Huayhuash cooperated in identifying prerequisites for a healthy community. Unstructured interviews and a rank-order method were employed to describe people's views on core concepts and their relative importance for community-well-being. Second, an additional extensive critical analysis of the literature after the fieldwork examined the position of poor destination communities in developing countries from health, tourism, development, and poverty perspectives. This allowed a reflection on issues that had emerged during the fieldwork, such as the notions of community, power and outsider intervention.

Findings: Six concepts (work, individual health, education, family, environment and harmony) emerged to represent the basis for the indicator development of the TOHIAT which can be utilised by various stakeholders, but primarily by the affected communities themselves. The findings from the fieldwork and the reflection of the literature provided 1) information as a basis for the development of an impact assessment tool customised for the study locations and 2) a description of how every attempt was made to ensure that local people's needs, views and decisions were afforded priority. Additional and alternative research methods to elicit local people's voices are suggested for replication here and in similar settings around the world.

Conclusions: This study represents the first step in the process of the TOHIAT design and implementation. More importantly, it makes an invaluable contribution to redress the issues of power inequality, marginalisation and exploitation of poor people in the name of profit for the global tourism industry.

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PUBLICATIONS

Publication A

Bauer, I. (2008). The health impact of tourism on local and indigenous populations in resource-poor countries. *Travel Medicine and Infectious Disease*, 6(5), 276-291.

Publication B

Bauer, I., & Thomas, K. (2006). An evaluation of community and corporate bias in assessment tools. *International Social Science Journal*, 58(189), 501-514.

Publication C

Bauer, I. (2007). Bridging the conceptual gap between researcher and respondent by using simple rank ordering: An example from the Peruvian Andes. *International Journal of Interdisciplinary Social Sciences*, 2(4), 157-167.

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LIST OF ABBREVIATIONS

BA	Beneficiary Assessment
BADATUR	Base de Datos Turísticos de Perú (Peruvian Tourism Database)
BOAC	British Overseas Airways Corporation
CBT	Community-Based Tourism
CBTI	Community Benefit Tourism Initiatives
CIA	Central Intelligence Agency
CRC	Cooperative Research Centre
CSR	Corporate Social Responsibility
CVA	Community Values Assessment
DFID	Department for International Development
EBM	Evidence-Based Medicine
ECHP	European Centre for Health Policy
EHIA	Environmental and Health Impact Assessment
EIA	Environmental Impact Assessment
EPHIA	European Policy Health Impact Assessment
FAO	Food and Agriculture Organisation
GNP	Gross National Product
IA	Impact Assessment
IAIA	International Association of Impact Assessment
ICF	Interactive Community Forum
ICIMOD	International Centre for Integrated Mountain Development
IMF	International Monetary Fund
IP COST	Indigenous People's Cultural Opportunity Spectrum for Tourism
HIA	Health Impact Assessment
HIV/AIDS	Human Immunodeficiency Virus/Acquired Immunodeficiency Syndrom
ICPGSIA	International Committee on Principles and Guidelines for Social Impact Assessment
MDG	Millennium Development Goal
MINCETUR	Ministerio de Comercio Exterior y Turismo (Ministry of Foreign Trade and Tourism)
MSME	Micro, Small, and Medium Sized Enterprise
NGO	Non-Governmental Organisation
NHMRC	National Health and Medical Research Council
OECD	Organisation for Economic Co-operation and Development
PanAm	Pan American World Airways
PAR	Participatory Action Research
PATH	People Assessing Their Health
PEEM	Panel of Experts on Environmental Management for Vector Control
PIAM	Participatory Impact Assessment and Monitoring
PPA	Participatory Poverty Assessment
PPT	Pro-Poor Tourism

PromPerú	Comisión de Promoción del Perú para la Exportación y el Turismo (Commission for the Promotion of Peru for Export and Tourism)
PRSP	Poverty Reduction Strategy Paper
PSIA	Poverty and Social Impact Analysis
QoL	Quality of Life
RAP	Rapid Assessment Procedure
RRA	Rapid Rural Appraisal
SAR	Social Analysis Report
SHIFT	Salford Health Investment for Tomorrow
SIA	Social Impact Assessment
SPA	Strategic Perspective Analysis
ST-EP	Sustainable Tourism - Eliminating Poverty
STI	Sexually Transmitted Infection
TMI	The Mountain Institute
TOHIAT	Tourism Health Impact Assessment Tool
TRA	Threat Reduction Assessment
TT4D	Tourism as Tool for Development
UK	United Kingdom
UN	United Nations
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNCTAD	United Nations Conference on Trade and Development
UNDP	United Nations Development Programme
UNEP	United Nations Environment Programme
UNICEF	United Nations International Children's Emergency Fund
UNWTO	United Nations World Tourism Organisation
US	United States
USA	United States of America
VFR	Visiting Friends and Relatives
WHO	World Health Organisation
WTO	World Tourism Organisation
WTTC	World Travel and Trade Council

CHAPTER 1 - PURPOSE AND BACKGROUND OF THE STUDY

According to the United Nations World Tourism Organisation (UNWTO, 2009), international tourism now ranks fourth in international trade/export categories after fuel, chemicals and automotive products. From 1950 to 2008, the year where tourism far outperformed expectations, international arrivals grew from 25 million to 922 million. The UNWTO forecasts 1 billion international arrivals by 2010, and 1.6 billion by 2020. The global financial crisis that began in 2008 suggests a softening of that growth but the figures will remain those of a steady increase.

A multitude of industries depends on tourism, and the continuous growth provides substantial benefits and profits for many. Particularly for developing countries, this can be an attractive option if opportunities to earn foreign currency are limited. President Truman, in his inaugural speech on January 20, 1949, seems to have been the first to classify, for the general public, the world's countries according to their level of 'underdevelopment' compared to that of the 'developed' United States of America. Over time, his 'underdeveloped' evolved to 'developing', a term that will be used in this thesis, despite its short-comings and the emergence of more appropriate alternative options, such as 'resource-poor countries', 'low-income' or 'majority nations'. The degree of a country's development refers to its economic power. For this reason, developing countries see tourism as one way to climb higher up the ladder for a more prosperous future. However, tourism is not just a tool for economic growth. It finds itself often as part of an array of seemingly unrelated contexts, sometimes unintentionally, for example, when it attracts fierce criticism for its corporate behaviour, sometimes intentionally, when it uses changes in world views to its advantage. Many of those contexts portray the industry less than favourably, particularly when it seeks profits at the cost of powerless, vulnerable, marginalised and poor destination communities. In developing countries, the implications are even more pronounced. This project aims for a closer inspection of the contexts relating to tourism in developing countries. It suggests a strategy to assist affected communities to regain control over tourism-generated issues that impact on their daily lives and well-being.

‘Starting Where You Are’

With these words, Lofland and Lofland (1984) emphasised the need for the researcher to determine first where his or her concerns and interests (extrasocial-scientific primary concerns) lie, because without emotional engagement in one’s research, they state, completion and quality of a study may become problematic. The researcher’s ‘accidents of current biography’ (p. 7) constitute one trigger for academic inquiry. Riemer (1997, cited in Lofland, Snow, Anderson, & Lofland, 2006) called this ‘opportunistic research’. This thesis reports on a study that was opportunistic in conception but grounded firmly in real-life experiences and undertaken in a careful and deliberate manner.

On a trip to Peru in 1995, a friend of mine whose travel agency in Cuzco specialises in tours to Manu National Park in the Amazon basin, casually mentioned that one day an elder of a tribal village had requested not to return with any more tourists. This chief had observed an increase of ill health in his people after some visits. I did not suspect then that this seemingly trivial event of a few seconds would change the focus of my research and academic career forever. As a nurse, an avid traveller to developing countries for two decades, and studying for a Master of Public Health and Tropical Medicine at the time, I wondered how my travels would have impacted on all the many local people I had visited over the years. Back home, I immediately started to search the literature for tourism’s health impacts, only to find it was a surprisingly neglected area.

I detected a body of knowledge on tourism’s impacts in the economic, environmental, and social sciences as well as in tourism academia, yet the link to health, though perhaps implied, was clearly missing. I sensed an enormous void that needed to be filled. To understand ‘the other side of the coin’, I undertook a Master of Tourism (1998) which cumulated in a thesis demonstrating the potential subsequent health implications of the impacts identified in other disciplines (indirect impacts), and impacts where the links between tourism or tourists and local health were immediate (direct impacts) (Bauer, 1999). Theoretical work supported, where possible, by field data from Easter Island/Chile and Peru provided the basis for the discourse and a framework for urgently needed research. As a bonus, this additional qualification prepared me to see health

issues from a tourism perspective and tourism issues through the eyes of a health professional.

In 1999, the subcommittee 'Host Countries' was established within the *International Society of Travel Medicine* (www.istm.org), one of several such subcommittees with a specific charter centred around travel and health. Although the inclusion of local people's well-being was based more on a polite concession than on the medical profession's conviction of its necessity (after all, Travel Medicine is for the benefit of the traveller, not the host), I was able to strengthen this focus with the help of other like-minded members. Several publications and conference presentations later, tourism's health impacts and the health of local host populations have slowly become accepted as important and worthy of concern. If proof was needed, it came with the invitation to submit a 10,000-word review on the health impact of tourism on local and indigenous populations in resource-poor countries to a medical journal (Bauer, 2008a; see Publications - A).

Concurrently with my academic interest, I continued travelling to developing countries, predominantly in South America, increasingly attuned to injustice, suffering, exploitation and desperate life situations based on or caused by tourism at large. The problems observed over the years are two-pronged. There is, on the one hand, the powerful international and national tourism industry, pushing local small entrepreneurs (street vendors, accommodation and service providers, and others) literally to the edge with organised often overseas-run businesses in hospitality, transportation and attractions. Profits either return to the tourist-generating countries (leakage) or accumulate with local business owners with little interest in leaving some opportunities to those less well-off who eke out a living. People with no economic power find themselves not only physically pushed aside (such as the forced removal of street vendors from the central plaza in Cuzco, inviting attention to the more expensive shops) but, not being part of an established commercial network, are also excluded from decisions that impact on their land, resources, livelihoods and lives.

On the other hand, there are those tourists and travellers who, intentionally or

unintentionally, contribute to the impacts on and exploitation of local people. One group that deserves a special mention in this context are backpackers. Backpacker tourism is a form of travel away from the well-trodden paths, with a closer proximity to local people, the purchase of local accommodation, transport, meals and services, and the reliance on a usually tight budget. The latter, unfortunately, is to blame for triggering in some travellers a tendency to abuse local hospitality and exploit poverty-stricken people, only to brag later about how cheaply they travelled for so long. This was observed by Scheyvens (2006) even in Samoa where, as in other Pacific nations, bargaining is considered offensive. The arrival of backpackers from one particular nation is feared in all poor Andean countries (and poor countries around the world, as I found out later), and stories of abuse are innumerable. For example, as I have witnessed myself, animals are rented below the minimum price and only half or nothing is paid at the end of the tour. The same may happen to guides, porters, or cooks. Accommodation and food are first attempted to be procured for free. If that does not work, the 'one-pays-four-stay/eat' rule is applied. Self-invitations to church or village functions see backpackers shove food into plastic bags for their travel companions who did not want to pay the small entry fee. Souvenir purchases are bargained down aggressively to the point of the item practically being a gift. A very recent paper by Reichel, Fuchs and Urieli (2009) omits this issue conveniently but highlights the economic benefit to local communities, these tourist can bring.

It would be most unjust to label all backpackers insensitive, exploitative, and egocentric, coinciding with the negative picture painted in much of the academic literature and the concerns of receiving governments. However, the impact of abusive budget travellers - still multiple times wealthier than their local hosts - on poor villagers who not only miss out on a fair immediate income but slowly lose on follow-up income, can be heartbreaking. An actual occurrence reported to me shall illustrate this: a donkey rented at a cost below the minimum rate (to save money), loaded with double or triple the weight (to save money), dies on a mountain pass because of overexertion. Stories abound of travellers who then refuse to pay the fare at all (because the donkey didn't to its job) and who do not compensate for the dead animal (because it is the peasant's job to provide a useful beast). This may have been the family's only donkey, used for

harvesting, threshing, carrying goods to and from the market, perhaps breeding. Not only has this farmer lost the rent but he has lost a production factor on which his livelihood (and family health) depends. Tourism has not benefited this farmer but made his life worse than before. There is no insurance or compensation for such events, yet they do happen frequently.

I have personally witnessed such incidents several times, and heard similar stories from affected people again and again. I realised that the problem was not just about health as such but health as part of a web of different interlinked aspects. It was also about enabling locals to reject exploitation and set parameters that allowed them to benefit from tourism and tourists with dignity. Developing this thought further, it also meant that local communities had to be able to assess tourism's current and prospective impact on their well-being to decide if tourism, or specific manifestations of tourism, can be accepted or must be rejected for the local benefit. The literature did not assist with ready-made recommendations, tools or replicable case studies. The keen interest in searching for a solution turned out to be my 'accident of current biography' and the starting point for this research project.

The Problem in a Nutshell

Tourism is the fastest growing industry internationally. This applies increasingly to tourism in developing countries, particularly under the banner of 'adventure tourism', 'ecotourism', or 'cultural tourism' to rural and remote destinations. These places attract for a variety of reasons, such as the presence of cultural icons, or the promise of contact with 'untouched' areas, environments or peoples. For some, long-term travel at low cost may be the biggest incentive.

The economic justification for marketing such destinations is the foreign-currency income for needy developing countries. However, as many studies have demonstrated, this income – if not leaking back to the country of origin – remains with those at government or higher industry level. Little trickles down to local businesses and virtually nothing is left to alleviate poverty in the respective country (e.g., Sindiga,

1999). Not only do people in rural and remote areas benefit little from tourism and tourists, many examples of exploitation of small communities by developers have been demonstrated. Over the last few decades, a considerable shift in world views away from consumption without consideration of impacts towards a critical examination of economic, environmental and socio-cultural impacts of development in general, and tourism in particular, has become evident and the focus of much academic debate. However, missing in this debate has always been tourism's impact on people's health.

Following this paradigm shift, there was a need to measure such impact to assess the baseline situation and to monitor trends and patterns over time. The academic field of 'Impact Assessment' emerged and many attempts have been made to develop tools capable of the task. However, these tools were designed by experts for experts' use. Acknowledging that people – as the target of the impact – do have an important role to play in assessing what impacts on *them*, the call for measurement indicators meaningful to the *people* rather than the *experts* was heard. Consequently, more and more assessment tools included phrases, such as 'consider locals' views' or 'include the community', but close examination revealed that these are still expert tools using experts' indicators important for experts' agendas. Hence, communities in developing countries often have to make decisions about future developments without understanding many costs, including those on health, which may be borne by them in the future. To be of benefit, a health impact assessment tool must appreciate and incorporate community understanding of health in the broadest sense (coinciding with WHO's (2003) definition of physical, mental and social well-being) and their core needs and concerns. It will be argued in this thesis that impact assessments, where indicators are meaningless to the people impacted upon, serve little purpose.

Consequently, there were no guidelines on any methodological step in the process from obtaining community views as the basis for developing community-validated indicators to the final application of the tested tool in the field. Rapid tourism development in 'inappropriate' locations, magnitude and type, and increasingly emerging signs of health problems in such destinations, provided this study with some urgency. It was necessary to start the long process of tool development by describing, in a practical example, a

possible way of obtaining community-based views and people's understanding of a healthy community. These could then form a starting point for the design of community-validated indicators to be utilised in a tourism's health impact assessment.

The Purpose of the Study

The purpose of this study was to identify some main concerns for developing world communities regarding their quality of life and well-being, and to use factors identified in the literature and from two community case studies undertaken in Peru, as a basis for the design of indicators in a tourism health impact assessment tool (TOHIAT) that can be used by communities to examine tourism development activities. The study aimed to accomplish two complex tasks. One aim was to provide a comprehensive literature review on a range of topics and concepts that influence, and place into context, tourism in developing countries to position the study topic firmly within what is already known. The objectives to meet this aim were:

- To review the literature on areas of tourism theory, poverty alleviation, community participation, impact assessment, and tourism's health impacts.
- To examine this literature with a focus on power imbalance, exploitation, or social injustice relevant to the local host communities.
- To consider the evidence in support of a multi-disciplinary approach to address this complex situation.

The other aim was to demonstrate in a field example how local people's views on core aspects of a healthy community can be elicited and used as a basis for community-validated indicators of the future assessment tool. Two villages were chosen for this study, one with some experience with very basic tourism activity, the other just starting to be tentatively involved with a small influx of visitors. The objectives to meet this aim were:

- To collect, if and where possible, any available statistical data of general, health and tourism aspects in the study area as a baseline to monitor health trends over

time and obtain valid evidence of tourism impact patterns.

- To discuss with local people their views on prerequisites for quality of life, well-being and a 'healthy community'.
- To obtain from the local residents if and to what degree, in their views, health-related changes have already occurred in the area due to tourism development.
- To identify the relative importance of these prerequisite concepts so that they can be used later as the basis to design community-validated indicators for a health impact assessment tool capturing health impacts associated with tourism in the specific study area.
- To present these concepts as a showcase for rural and remote communities in Peru, a country which is involved in tourism development (aware that these indicators may or may not relate to other developing countries).
- To describe the process of accessing local communities and obtaining information, mindful that every effort be made to ensure that it is the local people's views and concerns that count and are valued, even if they may be different from those of the researcher, the 'experts', or the literature. While this study was conducted in one particular setting, some of the experiences, caveats and recommendations may be useful for replication and testing elsewhere with a view of developing, over time, a comprehensive health impact assessment tool relating to tourism's implications for local people's health.

The Timeframe

The data collection took place in March and April 2006. A sabbatical from February to July of that year for an unrelated data collection in Cuzco/Peru, and a course at the University of Havana/Cuba determined the timing of the fieldwork for this study. The study trip was preceded by a review of the literature on tourism health impacts and on impact assessments. The remainder of the comprehensive literature was examined after the field trip while adding the most recent published work in all areas discussed until the submission of this thesis. Figure 1.1 presents an overview of this project.

The Structure of the Thesis

This introductory chapter concludes with an overview of the thesis presented here. Having now set the scene based on the researcher's personal interest, a short overview of the problem and the aims and objectives of this study, a more detailed description of tourism's evolution in South America, Peru and the Cordillera Huayhuash will be offered in Chapter 2. Chapter 3 introduces tourism as an industry and as an academic discipline. The areas of Community Development and Poverty Alleviation will be examined in Chapters 4 and 5 as they relate to the topic. Tourism's health impacts will be outlined in Chapter 6. A point was made to analyse this literature with a particular interest in the role local people play, their degree of involvement and participation, and how much consideration and importance they are afforded. Chapter 7 examines the degree to which assessment tools in different disciplines are considering the voice of those people who have to live with the assessed impacts. The general methodology of the field work is described in Chapter 8. The following short Chapter 9 summarises the findings of the interviews conducted with local villagers, whereas Chapter 10 focuses on the specific details of methodology and results of the ranking tool employed. In Chapter 11, the interview and ranking data will be interpreted within the local context, and Chapter 12 provides a reflective discourse on the process of obtaining local people's views in consideration of the premises that local people need to be in control at all stages of tool development. In Chapter 13, three areas of follow-up activities are recommended: the dissemination of the findings of this study, the design of the TOHIAT, and additional research methodologies to learn local people's views and understanding of concerns. Chapter 14 concludes this thesis.

CHAPTER 2 - THE GEOGRAPHICAL CONTEXT

Two villages in the remote Peruvian Cordillera Huayhuash were chosen for the field work. The reasons were that I was familiar with the area and that, second, both villages represent a starting point for a two-week trekking circuit which, despite the difficult access, shows a growing number of trekkers and a growing number of problems. In order to place the setting into a context, the evolution of tourism in South America and in Peru will be presented before concentrating on the Cordillera Huayhuash. A more detailed description of the villages themselves will be offered in Chapter 8 Methodology.

Tourism in South America

Commonly, literature on tourism in the Americas - apart from Canada and the US - covers the entire area of Latin America, i.e. Central America, the Caribbean, and South America. However, there are vast differences between the former two and the latter, the focus of this review. Tourism in South America (Appendix A-1) has developed rather differently from tourism in Africa or Asia which some (e.g. Schlüter, 1998) explain with the independence movements in the 19th century. Tourism as a tool for development was first utilised in the 1930s in Argentina when the small village (now city) of Bariloche was turned into a resort. However, South America had long been regarded as a destination for the wealthy or eccentric (Lumsdon & Swift, 1994) and visitor numbers were small even when, after World War II, tourism started to grow in all other regions of the world. At that stage, distance and cost were the main reasons for missing out on visitors who chose Mexico or Cuba instead. To utilise tourism's economic potential, countries pursued rapid developments supported by international finance, and constructed numerous seaside resorts, though again mostly in Central America and the Caribbean.

In the 1970s, with the start of long-haul air travel, South America still received far fewer international visitors than other less-developed regions but Ladman and Bond (1975) were convinced that with suitable planning and vigorous promotion campaigns, such as

the '1972 Tourism Year of the Americas', business would pick up. This was not the case. During the entire decade, South America was shaken by military coups, guerilla warfare, violence, terrorism, enormous social and political unrest, and economic instability (Santana, 2001). Investment in tourism and tourist arrivals were very low and the region's image suffers to this day from those events. At the same time, concern grew about a potential political dependance of countries who relied on the economic benefits from tourist-generating nations, such as the USA, though Francisco (1983) concluded that there was no danger of this occurring. No follow-up work could be located but it seems that today the outcome of such an examination would be quite different.

Hyperinflation in Argentina and Brazil in the 1980s curbed tourism development, but the 1990s saw a slowly increasing flow of international arrivals. However, tourism in South America still faces formidable challenges, such as economic instability, unemployment, inflation, unequal distribution of income, urbanisation, safety and security issues, political uncertainty, health threats, limited aviation infrastructure, and image problems (Lumsdon & Swift, 1994; Strizzi & Meis, 2001). Foreign travel agents' lack of knowledge of the region (Costa & Bauer, 2001) adds to the barriers to tourism growth. However, the UNWTO (2009) forecasts an increase of international tourism arrivals to the Americas from 109 million in 1995 to 282 million in the year 2020. Although this includes the three leading recipients USA, Mexico and Canada, South American countries are expected to share at least some of this growth. It is also of interest that intra-regional (between South American countries) tourism has great potential (Santana, 2001; Vanegas Sr., 2009), especially considering that the common language and relatively short distances make such travel attractive.

Schlüter (1998) listed the three major drawcards of Latin American tourism as 'the three Ss (sun, sand and sea)', nature tourism and exotic culture. Although the first applies more to Central America and the Caribbean, Argentina and Brazil in the 1970s, and Colombia, Venezuela and Uruguay in the 1990s marketed their beaches to international customers. In Chile and part of Argentina 'sun, snow and skiing' (p. 220) were equally promoted. Nature tourism and ecotourism are offered primarily around destinations in the Brazilian, Ecuadorian, Peruvian and Bolivian Amazon region and along the Andes

in Ecuador, Peru, Bolivia, Chile and Argentina. Chile and Argentina are also the gateways for tours to Antarctica. Evidence for abundant exotic cultures can be found throughout the region from pre-Colombian civilisations to African influences following the slave trade. Numerous religious and cultural festivals, such as the Diablada in Oruro/Bolivia or the Carnival in Rio de Janeiro/Brazil, attract large numbers of visitors. Most recently, the inclusion of the Inca site Machu Picchu on the list of 'The New 7 Wonders of the World' in 2007 has given the Peruvian tourism industry an invaluable boost.

Today, except for French Guiana, Suriname, and Guyana at the far north-east of the region, where little tourism infrastructure awaits sporadically arriving individual travellers, each South American country is unique in its characteristics and its position in contemporary tourism. Each has a range of established tourism products based on archeological, architectural, geographical, geological, natural and cultural attractions which, in more recent times, have been supplemented by adventure and sports activities, and alternative tourism forms, such as 'mystic-esoteric' tourism. Parallel to the growth of the industry in the region, tourism has entered universities and professional academies for educating and training tourism employees and for the scholarly advancement of the discipline. The academic literature on South American tourism, albeit often only available in Spanish or Portuguese, covers applied region-specific topics, such as residents' views (Schlüter & Var, 1988; Stronza & Gordillo, 2008), stakeholder participation in tourism planning (Medeiros de Araujo & Bramwell, 1999), the importance of local knowledge as a form of community empowerment (Zanotti & Chernela, 2008), extensive work on environmental and socio-cultural impacts, e.g. on coastal areas in Patagonia (Schlüter, 2001), or in the Ecuadorian Amazon (Drumm, 1991), and health impacts on tourism workers in Peru (Bauer, 2003).

Tourism in Peru

Peru (Appendix A-2) is situated on the west coast of South America between Ecuador and Chile, and also neighboured by Colombia, Brazil and Bolivia. The population of over 29 million consists of 45% indigenous people, 37% mestizos (mixed white and

indigenous), 15% white and 3% others (black, Asian). The two official languages are Spanish and Quechua; 88% over 15 years of age are considered literate (Central Intelligence Agency, 2009a). Today, Peru is a popular destination, either on its own, or in combination with other South American countries. It is part of the 'great gringo trail' representing popular travel combinations especially with Ecuador or Bolivia. Less than 100 years ago, Peru commanded the world's attention when, in 1911, Yale's Hiram Bingham 'discovered' Machu Picchu. More explorers, archaeologists and adventurers followed. However, its distance from North America and Europe and its inaccessible terrain ensured that the country and its cultures were shrouded in mystery for a long time.

Basic tourism started in the 1970s, slowly because of constant political and social unrest. At the same time, *Sendero Luminoso* (Shining Path) was founded, a militant Marxist organisation of extraordinary complexity. Its aim was to overthrow the Peruvian state and pursue a new world order. Employing cruelty that has rarely been surpassed, the ensuing violent clashes with the military forces meant that, in the end, innocent villagers were terrorised by both the military and the rebels, and approximately 70,000 lives were lost. More information can be found in the excellent collection of essays in Palmer (1994) and in Lerner Febres and Sayer's (2008) summary of the truth and reconciliation commission report. In September 1992, the founder and leader, former university professor Abimael Guzmán, was arrested and the organisation appeared largely collapsed afterwards. Tourism during the times of terrorism had come to a standstill, especially after highly publicised tourist killings, such as that of the son of the mayor of Bonn, the then German capital. Machu Picchu, the flagship of Peruvian attractions received 100,534 overseas visitors in 1980, but by 1992 it reached its lowest numbers of 39,724 (BADATUR, 2009).

When then president Alberto Fujimori was elected in 1990, his two main aims were to rid the country of terrorism and to introduce neo-liberalism as a strategy to transform and develop Peru. He was somewhat successful with the former (although *Sendero Luminoso* is still active; concerns about growing popularity amount while violent incidents occur in increasing frequencies [personal observation]). He also claimed

success in the latter (Fujimori, 1995) including tourism as a major strategy to earn foreign currency. It appears that his plans for the tourism industry worked considering the steadily increasing numbers (Desforges, 2000). However, the benefits from these numbers are unequally distributed (O'Hare & Barrett, 1999). For example, transportation infrastructure and marketing focus on flagship destinations. At the same time, statistical data present only those destinations, hence, not only is the distribution of benefits skewed but the presentation of the industry based on evidence is biased, as will be shown shortly relating to the study area.

Peru offers an enormous variety of touristic magnets. However, it has its own well-trodden 'gringo trail': Lima → Cuzco → Machu Picchu, and then either returning to Lima through Arequipa or moving on to Bolivia. For example, in 2008, Machu Picchu received 858,211 visitors of whom 616,111 were non-nationals (MINCETUR, 2009). The majority of the country receives only a fraction of attention by marketing experts and, subsequently, by tourists as is evident in the lack of available detailed statistics. For the Department of Ancash, home to the two famous mountain ranges Cordillera Blanca and Cordillera Huayhuash, only a combined figure for 2007 exists of all visitors to the Huascarán National Park in the Cordillera Blanca (Huascarán is Peru's tallest mountain and, at 6768m, the highest tropical mountain in the world). No data exist for the Cordillera Huayhuash, the study location. Peru has a strong interest in sustainable tourism for poverty alleviation but does not include the study area in a manual on such projects (Promperú, 2001). The roles of rural community tourism (Seminario, 2008a) and adventure tourism (Seminario, 2008b) are evident in recent surveys of tourists with such interests, yet, the research only focuses on those destinations which are already highly prominent. Both types of tourism feature in the study area which, again, has been omitted from official statistics.

Today, Peru attracts almost 2 million arrivals; in 2007, there were 1.812 million (Promperú, 2008). For 2008, UNTWO (2009) reported 2.058 million, an increase of 7.4%. Many come with organised special-interest groups but the country is also visited by a large proportion of independent travellers and tourists. Tourism here still suffers from transportation and connectivity problems, including questionable standards of

overland transportation, forcing almost all air and overland travel back to the hub Lima before embarking on a new leg of one's journey. Promperú (the government's department for tourism promotion) and MINCETUR (Ministry of Foreign Trade and Tourism) have now realised that the exclusive focus on the gringo trail will create major sustainability problems, and research, regulations and mitigation attempts are currently made with increased efforts to market other very attractive but relatively unknown locations. At present, most of these locations are still undervalued, under-serviced and in some way 'irrelevant', only visited by those with a special interest or those with a lot of time at their disposal.

Peru's tourist attractions are most diverse. The greatest archaeological wealth of South America is accumulated in this country, displayed in sites of pre-Columbian civilisations, such as the Chavín (near Huaráz), the Moche (Trujillo), the Nazca (creators of the famous Nazca lines), the Chimu (leaving Chan Chan, the largest pre-Columbian city in the Americas, near Trujillo), or the Inca (and their most recognisable site Machu Picchu, Cuzco). Peru's museums house a wealth of priceless artefacts. Colonial architecture can be admired in cities, such as the capital Lima, Cuzco, Arequipa, Ayacucho or Cajamarca. A spectacular range of ecosystems and an unsurpassed biodiversity awaits nature lovers. Over 60 national parks and reserves invite visitors from the Amazon basin around Manú, Puerto Maldonado or Iquitos, to the Andean mountains to the Pacific coast. Many outdoor activities depend on the diverse geography, such as Lake Titicaca, and the Andes which offer the perfect terrain for whitewater rafting and trekking, including the famous Inca Trail to Machu Picchu. The centre for mountaineering and trekking, however, are the Cordilleras Blanca and Huayhuash.

Tourism in the Cordillera Huayhuash

The Cordillera Huayhuash (Appendix A-3), 50km south of the well-known Cordillera Blanca and 250km north-east of Lima, is a rare circular range in the Central Andes of Peru. Its name is derived from the Quechua word for a type of weasel (Kolff & Bartle, 1998), and it rates as one of the most beautiful mountain ranges in the world (Appendix

A-4). Peru's second tallest peak, Yerupajá (6634m), is joined by another twenty-one, six of which are above 6000 metres. The source of the Río Marañón, a main contributor to the Amazon river, is located here (Recharte, 1997), and one can find over 40 lagunas and 115 glaciers (Bury, 2006). Over 1000 plant species, 62 bird species and over a dozen mammals (Bury, 2006) including rare and endangered species have been identified. Because of the Cordillera's remoteness and difficulty of access, tourism numbers were always small and related to mountaineering and trekking. In 1909, the German geographer Sievers explored the area in detail (Bury, 2008). In 1936, mountaineering seems to have started with the first Austrian climbing expedition ascending Siulá Grande (Promperú, 1999), the mountain made famous in the book (Simpson, 1988) and movie *Touching the Void*. The peaks of this range have a fearsome reputation for technical difficulty. Therefore, the yearly number of climbers, who arrive between May and September, is still small.

The Cordillera also offers one of the most spectacular high altitude treks in the world and the only one along a circular mountain range. The approximately 165km are usually completed in 12-14 days. Trekking started around 1975, and over the next 10 years, visitor numbers increased to 1000 per year (Recharte, 1997). However, the remoteness and inaccessibility provided a convenient environment for a base of *Sendero Luminoso*, leading to a dramatic decline in tourist arrivals. Trekkers returned in the 1990s and within a few years visitor numbers were up to pre-terrorism figures and steadily rising, despite sporadic tourist killings, especially in 2003. Current visitor numbers are difficult to obtain but in 2005 approximately 2500 people arrived in Llamac (Bury, 2008), one of five villages on or near the circuit and one of the two study locations of this project. A demographic analysis of trekkers in a study conducted in 2006 (Bury, 2008) which surveyed 191 people during three weeks, found that almost 40% came from Israel, but the average stay was only 7.25 days. Bury explains this with improved transportation to the area and with the recession of glaciers that shortened sections of treks. Based on personal observation, the effort to cut costs also appears to be a consideration.

Mining in the Andes has a long history and the increase of production of mines had been the prime objective of the Spanish Conquest (Orlove, 1985). Parallel to tourism, the

early 1990s saw a resurgence of mining operations through transnational corporations, in keeping with Fujimori's neo-liberal approach, in this location the Japanese Mitsui Mining and Smelting (Kolff, 2000). A range of environmental and social implications culminated in community protests and violent escalations in the Llamac valley in 1999 (Bury, 2002). Although unrelated, mining and renewed tourism arrived at this remote area at approximately the same time. Both had an impact on precious agricultural and grazing land and water quality, and both lead to unfulfilled economic promises, and uninvited social changes. The villagers were unfamiliar with, and overwhelmed by those implications and as a consequence grew suspicious of possible ulterior motives of any individuals and organisations entering the area. In 2002, the Peruvian Ministry of Agriculture designated the area a 'Reserved Zone of the Cordillera Huayhuash' where mining and tourism should have controlled access to certain areas of the zone. Local communities concerned with losing the right to access to their communal land, have been pursuing for some time the establishment of private conservation areas managed by the communities themselves, hoping that power and decision-making will be firmly in their hands (Bury, 2002). Tourists are already charged by at least two communities (personal observation, 2006). Presumably, a rationale was to use this income at some stage to provide infrastructure, such as safe sanitary facilities and waste management on the circuit. Historically, there have always been conflicts and animosities between and within the communities, for example, over land or water access. As Bury (2002) suspected, the private conservation management ideas will be yet another challenge to overcome. However, a tool that allows communities to assess tourism's impact could support them in their quest for more control over their own area.

At this point, there is still very little infrastructure in the communities on the circuit (e.g. Llamac, Pocpa, Pacllón, Huayllapa) or where the access to the circuit starts (Chiquián, Queropalca or Cajabamba). This means that villagers miss out on direct income to tour operators situated in the departmental capital Huaráz. Individuals may be hired as guides, cooks or *arrieros* (donkey-drivers) but little community awareness, participation or decision-making can be encountered, as demonstrated in Chiquián (Mitchell & Eagles, 2001). The field work for this project took place in Llamac and Queropalca.

Summary

To understand the geographical context of this study, it is important to be aware of the historical evolution of tourism on the South American continent, in Peru, and in the specific study area, the Cordillera Huayhuash. The growing interest in the region and an increasing affordability of travel suggest that tourist figures will rise and more and more destinations will be opened for different types of tourism. This includes an increased venturing into remote, 'un-touched' areas. Such trends harbour a range of implications for the visited areas and the resident host populations. It is difficult to plan and implement mitigating strategies to minimise negative impacts of such tourism, or to support activities that increase potential benefits for people at the receiving end of the industry without appreciating how these implications are placed in a complex web of competing frameworks. The following four chapters give an overview of selected areas relevant to tourism in developing countries. First, the evolution of tourism as a global industry and an academic discipline is presented in Chapter 3. This provides an insight into the reasons for the contemporary concern for the well-being of destinations and local residents.

CHAPTER 3 - TOURISM: INDUSTRY AND ACADEMIA

This thesis provides valuable insight for both disciplines, tourism and health, but is written for submission within the health field. In the same way in which few tourism academics and professionals will have a comprehensive understanding of the health domain and related areas, few health professionals will have a solid insight into the relatively new and exponentially growing field of tourism. A summarised background on the evolution of tourism and aspects of tourism theory will enable the reader to place health concerns into the appropriate context. The tourism literature is now so extraordinarily large, complex, comprehensive and multi-faceted, that no attempt to provide an overall summary can be satisfactory. Therefore, for the purpose of this chapter, selected topics and trends are introduced. Very readable older and recent collections are recommended for more detail (Higham, 2007; Mathieson & Wall, 1982; Richards, 2007; Smith & Brent, 2001). After a brief historical introduction, this chapter focuses on the ideological evolution of tourism, and an alternative approach, ecotourism.

The Emergence of Tourism as a Global Industry and an Academic Discipline

From ancient times, the concept of hospitality has played a crucial role for travellers, such as couriers, pilgrims, merchants or migrants, and also for the more or less voluntary hosts situated along the main travel routes. To deal with the ever increasing number of travellers, regular resting posts, inns, taverns, khans, yams or caravanserais were established at suitable intervals. As Gray and Liguori (1994) explain, in the Middle Ages, free hospitality became a Christian duty, limited to a stay of three nights in any one place to prevent travellers from misusing the offer of free shelter and food. In 1282, the innkeepers of Florence formed a guild changing herewith religion-based hospitality into commercial ventures. The concept of travel as a source of income quickly spread to other areas and, today, represents the forerunner of one of the most profitable industries in the world.

On 26 October 1958, the world of travel changed. The American airline PanAm

launched the first commercial transatlantic route from New York to London, with 111 passengers on board a Boeing 707. Although British Overseas Airways Corporation (BOAC) had introduced the world's first commercial jet service in May 1952 from London to Johannesburg (with numerous stop-overs), PanAm had opened the market for long-haul flights. After World War II, peace and stability triggered an era of rebuilding and the drive to accumulate material wealth. A booming economy and new found prosperity based on hard work led to more disposable funds, and increased leisure time allowed the addition of travel to the desired house-car-appliances package. With the possibility of long-distance travel, for many, the usual holiday destinations changed from the closest seaside resort to foreign countries and continents. Mass tourism was born, and in 2007, 903 million international arrivals were recorded (UNWTO, 2009).

The reasons for travel are as varied as ever, including leisure, business, VFR (visiting friends and relatives), health, pilgrimage (Bar & Cohen-Hattab, 2003), sport, and migration. Over the decades, cultural and natural attractions in developing countries were added to the tourism product. This created a demand for adventure tourism and cultural tourism to ever more exotic places, culminating in visits to locations marketed as 'unspoilt', people as 'untouched' (before anyone else got there), and literally 'off the beaten track'. The relentless search for new places usually starts with a few genuinely interested and experienced visitors causing little impact who then create a 'word-of-mouth' publicity and growing curiosity. Following are people who are less experienced, perhaps less interested and considerate, and who sometimes exaggerate their experience by including some imagined heroism (Mukerji, 1978). They make a place 'too developed and touristy' for the first visitors who rather move on to the next new place, adding yet another site to the must-see-catalogue (Higham & Lück, 2007). As Wheeler (1992) noted, 'voracious wolf in lamb's clothing, the sensitive traveller is the real perpetrator of the global spread of tourism and in this capacity must take responsibility for some of tourism's adverse impacts' (p.105). Parallel to this development arose concerns about impacts of tourism, categorised into economic, environmental and socio-cultural. However, little attention was paid to health impacts on the local communities in rural and remote destinations in developing countries, many of them indigenous people.

Although human movement is as old as humanity itself, tourism does not have a very long tradition of scholarship and research. The emergence of academic tourism literature can be placed in the early 1970s. However, since then the body of knowledge has grown tremendously, not only from the perspectives of other established disciplines, such as psychology, sociology, anthropology, economics, geography, environmental sciences, political sciences and many more (Jafari, 2001) (see Appendix B, and note the absence of health), but also within tourism as an independent academic discipline. Tourism's health impacts have attracted less attention (Gössling, 2002) with the first papers appearing only in the late 1990s (Bauer, 1999; Hundt, 1996; Rodriguez-García, 2001).

The Evolution of Tourism Paradigms and their Subsequent Concerns

Considered by many as the 'father of tourism academia', Jafar Jafari (1989) classified the tourism literature into four distinctive 'platforms' which are not only useful for appreciating different perspectives on tourism, but also allow an understanding of the historical evolution of paradigm shifts (Kuhn, 1962) and their influences over the last decades. His framework will be used here to summarise very briefly the different views on tourism and to explain how and when concerns about tourism in general and, subsequently, for health issues developed.

Advocacy Platform

Tourism in the 1950s and 1960s focussed on economic aspects. Free-market capitalism shaped the industry as a business opportunity where benefits increased proportionally with increased tourism arrivals. Marketing was driven by quantity, and mass tourism was the answer to achieve the goals. For many, this was the easiest way to earn foreign exchange, and in many developing countries, this view still prevails, if not among the people then with governments. Early examination of this kind of tourism focussed on socio-economic aspects (Jafari, 1974), justified by tourism's revival of traditions, customs and arts, and, hence, preserving natural, historical and architectural attractions.

Cautionary Platform

After years of perceived abundance, critical voices started to question the value of consumption without consideration of potential harm, leading to a general shift in world views towards the end of the 1960s and early 1970s. In terms of tourism development, negative impacts on and undesirable costs to environment, economy and people through too much and unregulated tourism became the focus of the academic literature. Less research-based, overwhelming observational and anecdotal evidence supported the criticism. One of the classic works of the time is Doxey's (1975) index of tourist irritation (the 'Irridex'), outlining the progression of local people's perception of visitors from euphoria, to apathy, annoyance and antagonism. This framework is still in use today (Beeton, 2006), though, the social status of locals may influence their perception of tourism (Husbands, 1989). A recent study by Diedrich and García-Buades (2009) demonstrates how negative local perceptions can be indicators for a decline of a destination in the tourism market. Reflecting the spirit of the time, it is interesting to note that this was also the era of the first UN Conference on Human Environment in 1972 in Stockholm and, of course, the years leading up to the World Health Organisation (WHO)/United Nations International Children's Emergency Fund (UNICEF) Primary Health Care Conference in Alma-Ata in 1978 which marked a turning point in the approach to world health.

Adaptancy Platform

The late 1970s and early 1980s saw a continuation of critical examinations of tourism. Most of the classic impact literature can be found here (de Kadt, 1976, 1979; Mathieson & Wall, 1982; Smith, 1977), including Butler's 'Tourist Area Cycle of Evolution' (1980). Yet, due to the complexity, and methodological difficulties (Cater, 1987), still very little was research based. However, at the same time, the search was on for alternative forms of tourism with presumably less negative impacts, that would respond to the needs of host communities and protect the natural and socio-cultural environment, but still allow tourists to have a rewarding travel experience. Alternative tourism forms, in contrast to 'out-of-control', 'irresponsible' mass tourism, were given more than 25

distinguishing identifiers (Mowforth & Munt, 1998; Scheyvens, 2002a), including 'green', 'sustainable', 'soft', 'controlled', 'responsible', 'cultural', 'ethnic' and many more but above all 'eco' (from 'ecological') with its particular focus on nature-based tourism destinations. Because of the popularity of the term 'ecotourism', this form will be introduced shortly. Alternative tourism was supposed to be beneficial for communities and environment, yet, it also was clear that it could not accommodate the sheer number of current tourist populations.

Knowledge-Based Platform

From the late 1980s onwards it was increasingly obvious that tourism as a global industry was 'here to stay' (Jafari, 2001). Employing alternative forms could only be a partial solution. It was also during that time that the UK-based NGO Tourism Concern was founded with the aim to campaign against exploitative tourism (Barnett, 2008). The aim of tourism scholars was to better understand tourism's theoretical constructs, including tourist behaviour and typologies, based on scientific study so that results could be applied appropriately to practical situations. Rather than insisting on alternative approaches, the type of tourism had to depend on the individual destination. Tourism theory became evidence-based, and tourism increasingly entered universities as an independent academic discipline. Perhaps because changes in health responses usually take time to occur, and few disciplines linked to tourism saw a responsibility for health outside their area of expertise, a tentative focus on health only appeared in the later years of the 1990s. Even today, of a selection of widely used books on a range of alternative tourism forms (Beeton, 2006; Butler & Hinch, 1996; Honey, 1999; Lea, 1988; McLaren, 1998; Mowforth & Munt, 1998; Scheyvens, 2002a; Sofield, 2003; Singh, Timothy & Dowling, 2003; Weaver, 1998, 2006; Zeppel, 2006), only one (McLaren) mentions health in its index. A recent review on ecotourism's impacts still ignores health (Hall, 2007).

Today, all four platforms exist side by side, and an expansion of the multi-disciplinary nature of tourism was predicted by Jafari (2001). He even suggested a link to gerontology in response to the growing senior citizen market segment. Fresh approaches

are needed, including the re-visiting of benefits of mass tourism when it is confined to particular locations (Weaver, 2001), allowing communities to benefit, yet, leaving them in peace to go about their daily business undisturbed, as an example from China illustrates (Dombroski, 2005). Pointing out that times have moved on since Jafari's platforms, Macbeth (2005) proposes the addition of two more platforms, sustainability and ethics. He identified the 'need for a reflexive ethical understanding in tourism research, policy, planning and development' (p. 964). Much of the concept of sustainable development is anthropocentric, i.e. concerned with human survival, and predominantly purported by Western ideology which ignores the bigger picture (non-anthropocentric). Introducing a specific platform that addresses scientists' value systems allows, accepts and legitimises the declaration of one's fundamental philosophical position in addressing tourism issues.

The general shift in world views in the 1970s and 1980s prepared the ground for the emergence of two major phenomena of interest to the current study. One evolved as a major movement in response to global economic imbalances to help communities and to 'develop' them in a effort to overcome poverty and related ill-effects. 'Community development' also fitted nicely with the new-found concern about tourism's impact on local communities. Community development will be discussed in more detail after the presentation of the second phenomenon, ecotourism, that originated from the concern about tourism's impact on the environment and, later, mindful of the attention the community development movement had attracted, also on local communities.

Ecotourism, the 'Spearhead' of Sustainable Tourism

Ecotourism has been discussed in great detail since the 1980s. Therefore, it will be introduced here as the most well-known form of alternative tourism. The term 'ecotourism' is attributed to the Mexican architect and environmentalist Héctor Ceballos-Lascuráin who thought that this type of tourism would allow a person to 'study, admire and enjoy' scenery, its plants and animals and the cultures in relatively undisturbed places. Moreover, he hoped that eventually this person will 'acquire a consciousness and knowledge of the natural environment together with its cultural

aspects, that will convert him into somebody keenly involved in conservation issues' (Ceballos-Lascuráin, 1988, p.13).

The currently available literature on ecotourism is enormous, reaching from early supportive descriptions but also severe criticisms (Butler, 1990; Wheeler, 1992, 1994) to attempts of analysis and, based on recent shifts in scholarly views, to new forms of consolidation. This overview highlights the most important aspects including recent developments in scholarly thought as they may represent a basis for links to health issues. Ecotourism was supposed to be the benign opposite to mass tourism, with less negative impacts on the environment (the original focus of such travel). Over time, other aspects were included in this notion, above all, sustainability, a concept whose meaning evolved over the last decades depending on changing world views (Farrell & Twining-Ward, 2005) and different perspectives (Clarke, 1997). The principle of sustainability is to meet the needs of the present without compromising the ability of future generations to meet their own needs (Brundtland, 1987). In fact, the enthusiasm with which sustainability entered the tourism arena may have had a lot to do with the hope that earlier mistakes could now be counteracted with suitable measures and some good will. However, as critical voices rightly note, 'ecotourism is simply not sustainable' (McLaren, 1998), as possibly no other form of tourism. Perhaps all that can be asked for is the reasonable attempt to apply current best practice strategies and intervene immediately when negative impacts occur (Weaver, 2006). Today, ecotourism is as fiercely debated as ever, dividing those who emphasise its potential for development and poverty alleviation (Epler Wood, 2007) from those who warn of the potential damage to environment and people (Butler, 1990; Higham, 2007). Ecotourism is associated with a wide range of potential costs and benefits (Stronza, 2007; Weaver, 2006); they will be included in the discussion of potential health impacts later in this thesis. Today, ecotourism is a world-wide business, found on all continents including Antarctica.

Since its beginning, the 'eco' has proved to be worth gold for the industry. Agencies and developers quickly realised that as long as 'green' or 'eco' appeared on a product, people would happily pay large amounts of money and feel better for having done so. Even ordinary mass tourism could be sold to conscientious consumers as long as it was

wrapped in a green veil. This 'greenwashing' attracted furious criticism (Honey, 1999), and accreditation attempts were made to distinguish genuine ecotourism. The most widely known certification program is the Green Globe logo program of the World Travel and Trade Council (WTTC). However, the right to use the logo can be purchased cheaply with a simple declaration of intent to plan environment-improving strategies. More recent efforts use strict indicators to assess actual practices, such as The EcoCertification Program in Australia (Ecotourism Australia, 2008). Unfortunately, the travelling public will be confused by and unaware of the value of the various green labels, ticks or logos used for marketing purposes, and more work needs to be done to make certification useful for consumers and the industry (Font, 2007). Similarly, numerous codes of ethical tourism have been developed with the best intentions, yet monitoring adherence is virtually impossible (Wheeler, 1994). Hultsman (1995) demonstrated the need for an ethical framework for tourism, for a 'just tourism'. In a recent study in Indonesia (Cole, 2007), a tailor-made code for visiting remote villages proved useful as a communication tool between stakeholders. However, it is important to note that these discussions focus on the tourism industry, including international and local tour operators, and the tourists by suggesting behaviour changes to make tourism more sustainable. The consideration of host communities' needs and views is marginal at best.

Over the years, it has been recognised that ecotourism is not one homogenous form of travel. Several attempts have been made to analyse and categorise ecotourism on a spectrum from 'hard' to 'soft' (Weaver, 2005) after it became evident that the ecotourist in his/her purest and strictest form ('hard') may actually be more harmful to the environment and local people than the contained, controlled and modified 'soft' form. 'Hard' ecotourists may shun commercial services, go back to basics, sleep in tents, and trek to destinations, but create more environmental damage by cutting down firewood, creating eroding paths or entering local people's homes requesting food and shelter. Often foregoing payment, the natives are then praised as friendly and hospitable. The tourists enjoy the adventure of being with locals who, in turn, get slowly alienated by the steady stream of unwelcome visitors. An exception may be the so-called 'research ecotourism' (Clifton & Benson, 2006; Weiler & Richins, 1995), where paying volunteers assist in research activities usually related to conservation measures. Soft ecotourism,

in contrast, caters for larger groups, uses touristic infrastructure, provides services and more comfort, but also keeps some distance from fragile areas, cultures and populations. In addition, comprehensive and minimalist dimensions have been put forward to examine sustainability outcomes (Weaver, 2006). The minimalist model applies to tourism with a very strong site-specific focus and specific impacts on the location. The comprehensive model argues within a broader content, including a regional and global focus, and with a view on long-term effects. Recent discussions of low impact at the destination paid for with high energy and fuel consumption to get to this location in the first place support this perspective, making the ultimate ecotourist the one who stays at home (Gössling, 2000; Higham & Lück, 2007). At this point in time, the application of the comprehensive approach to both hard and soft ecotourism seems to offer the best possible outcome for local destinations (Weaver, 2005) while still ensuring visitor satisfaction and rewarding tourism experiences. Recently, the development of an 'ecotourium', an international network of protected areas, was proposed (Fennell & Weaver, 2005) to increase socio-economic benefits for communities and environmental protection. This concept would rest on the four aspects of a) research and education, b) ecological health (species, not humans!), c) community participation and development, and d) partnerships.

This brief overview of selected aspects of ecotourism concludes with a definition that still is one of the more comprehensive to date (note the absence of sustainability):

Ecotourism is travel to fragile, pristine, and usually protected areas that strives to be low impact and (usually) small scale. It helps to educate the traveler; provides funds for conservation; directly benefits the economic development and political empowerment of local communities, and fosters respect for different cultures and human rights (Honey, 1999, p. 25).

The inclusion of local communities here and in many other definitions of ecotourism provides a convenient link to the discussion of local people's health and well-being, yet research-based evidence for that consideration is scarce (Gurung & Seeland, 2008; Scheyvens, 1999a; Stronza, 2001; Wallace & Pierce, 1996). However, the now long-established global interest in communities, and their development, provided an opportunity for the tourism industry to market tourism projects in developing countries,

an effort legitimised by its association with the banner of 'Community Development'. Now, tourism could be sold as one with a social conscience, hence, morally good.

Summary

Over the last several decades, tourism has evolved considerably, not only in terms of tourist numbers but in the way it adapted to changing ideological perspectives and world views and corresponding underlying concerns and criticism. Jafari's (1989) four platforms illustrate this evolution convincingly. Ecotourism, though flawed in many ways, still prevails as the supposedly benign mode of travel. Local communities have entered ecotourism's mission relatively late. The following chapter explores the history of Community Development as a global strategy for assistance in development countries and its links to tourism and to health. Throughout the following chapters, South American or Peruvian examples illustrate the local relevance where available.

CHAPTER 4 - COMMUNITY DEVELOPMENT

Community development in its current form possibly started in the early 20th century in Africa in an attempt by the colonial powers to help local villages to a better life. In the 1970s and 1980s, parallel to other major changes, community development became an official strategy of UN agencies, especially in rural areas in developing countries. Numerous Western volunteer organisations, founded for this specific purpose, based their mission statements on this strategy and ‘developed’ communities initially with agricultural, later with health and community organisation projects. The concept ‘seeks to dismantle structured barriers to participation and develop emancipatory collective responses to local issues’ (Blackstock, 2005, p. 40). A vast topic, this section will provide an overview only but with sufficient detail to understand the context of this study, including the buzz-words ‘community empowerment’ and ‘community participation’ with short links to health and more emphasis on tourism. First, however, a definition of community and community development is needed.

The Meaning of Community and Community Development

For something seemingly so straightforward, a bewildering array of definitions is offered in the literature. Over 50 years ago, Hillery (1955) chose 94 definitions from many more to classify them by content and found that, apart from ‘the concept that people are involved, there is no complete agreement as to the nature of community’ (p. 119). Jewkes and Murcott (1996) found a marked difference in meaning of the word in social science and in health literature. Although there are many similarities, in social science it is very important to analyse what community means to its own members whereas health literature seems, possibly for practical reasons, to emphasise more a geographic locality of a community. The WHO, in its large Primary Health Care documents, the *Declaration of Alma Ata* (1978) and the *Ottawa Charter* (1986) seems to understand community as a spacial entity bridging individuals and family with their respective country. Jewkes and Murcott alert to the question of meaning of community to those who work with it, such as health promoters, and point out the difference between

members' and non-members' views as a reason why many community projects fail. A recent study from Mali (Ward, Solomon, Ballif-Spanvill, & Furhriman, 2009) confirms this suspicion. Furthermore, Jewkes and Murcott caution against assuming that a community is a homogenous entity, an issue re-visited again in a later chapter of this thesis. Aspects innate to many attempts of definition include, apart from a possible common location: membership, common symbol system, shared values and norms, mutual influence, shared needs and commitment to meeting them, and shared emotional connection (Israel, Checkoway, Schulz, & Zimmerman, 1994). Those aspects form part of the definition of community in this study, but the location of the community (= village) is here of great importance because of tourism's inherent geographic quality and the two communities' geographical proximity and connection to a trekking circuit.

The so-called 'development industry' has seen communities as problematic, deficient in various ways (Crewe & Harrison, 1998), and in need of help and development. Community development is an overall umbrella strategy to 'better' people's situation - from an outsider's point of view and the outsider (expert, agency) as the actor. In conjunction with community development must be seen 1) community empowerment (power is given to a community by an outsider) and 2) community participation, where people's situation is 'bettered' by allowing them to be included in the strategy. As with 'community', the terms community development, community empowerment and community participation are equally blurred and muddy concepts but, unlike community, these three movements have attracted anything from the strongest support to the fiercest criticism. This area is too vast for lengthy analysis but some aspects are presented here to facilitate an understanding of the multi-faceted context of this study.

Community Empowerment

Community empowerment has been acknowledged as a tool for social justice where local people, following Paulo Freire's (1972) understanding, learn to help themselves to change restrictive circumstances. It 'refers to the ability of people to gain understanding and control over personal, economic and political forces in order to take action to improve their life situations' (Israel, Checkoway, Schulz, & Zimmerman, 1994,

p. 152). Haynes and Singh (1993) identified a tendency in the disempowered to accept powerlessness, helplessness and injustice fatalistically leading to a 'maintenance of the status quo'. It is not about handing over power as an end result but to give them the ability to improve their knowledge, skills, resources and infrastructure to be in charge of their own lives. Empowerment is for the explicit purpose to initiate change (Laverack, 2001).

There are multiple challenges to community empowerment, philosophical and practical in nature, from different views of power and the powerful (who presumably empower others), questions of sustaining long-term commitments from the communities (Wallerstein & Bernstein, 1994) or funding bodies (Fawcett et al., 1995) to difficulties in assessing success. Laverack (2001) identified nine 'domains' which can be used as a framework for (Laverack & Labonte, 2000) and a measurement of community empowerment (Laverack & Wallerstein, 2001):

- 1 Improves participation
- 2 Develops local leadership
- 3 Builds empowering organisational structures
- 4 Increases problem assessment capacities
- 5 Enhances the ability of the community to 'ask why' (critical awareness)
- 6 Improves resource mobilisation
- 7 Strengthens links to other organisations and people
- 8 Creates an equitable relationship with outside agents
- 9 Increases control over programme management (Laverack, 2007, pp. 60-61)

However, these domains are pre-determined and may not include domains relevant to the local people (Laverack, 2003, 2006).

Two concepts arise from community empowerment: social capital and capacity building. Social capital, another ill-defined term, is seen as personal, professional and institutional social networks which enable collective decision making (Murray, 2000) and are based on trust, respect and reciprocity. Dale and Newman (2010) see community development

as far too interdependent with the global economy for traditional hierarchical decision-making to still be useful. Bonding (family and friends), bridging (people outside local groups) and vertical ties (to decision-making figures and authorities) are needed but are inadequate if government policies do not accommodate such networks explicitly. Lynch, Due, Muntaner and Davey Smith's (2000) discussion on social capital in public health, and Wilkinson's (2000) response, only highlight 1) the very unclear definition of the concept and 2) the questions of what to do with it. Baum (1999) earlier suggested that a 'more progressive interpretation calls for the creation for health promoting communities through the process of mutual reinforcement of the social and economic' (p. 195). Jones (2005) applied the social capital concept to a community-based ecotourism project in The Gambia to facilitate an understanding of the process but this project failed because villages are not homogeneous, harmonious, theoretical places.

Capacity building, Labonte and Laverack (2001a) say, is a reply to the *Ottawa Charter's* area of 'strengthening community action', and means not only achieving a more efficient and sustainable (here: health) program delivery but an increase in a community's ability 'to define, assess, analyse, and act on health (or other) concerns of importance' (p. 114) to its members. The same authors (2001b) propose a rank-ordering measurement of change in capacity using Laverack's (2001) previously mentioned nine domains, and assigning and validating a comparative rank. For Hawe, King, Noort, Jordens and Lloyd (1999), in another health application, capacity building consists of 1) building infrastructure to deliver a program, 2) building partnerships and organisational environments to ensure that programs and outcomes are sustained and, crucially, 3) building problem-solving capability (p. 1). They then offer a number of checklists to measure process and outcome.

As referred to earlier, the community development movement became a convenient vehicle for tourism to market new destinations and new types of tourism, e.g. community-based tourism, homestay tourism, 'ethical tourism' and many more. On the other hand, community developers also saw tourism as one, sometimes the only, chance for locals to partake in economic opportunities to improve their lives. The backpackers market was attractive because, regardless of numerous negative aspects, backpackers

usually demand less infrastructure and resources, and purchase locally (Scheyvens, 2002b). A modern tourism program in Jordan (Shunnaq, Schwab, & Reid, 2008) emphasised that projects for community development can work if they are not part of a top-down development strategy but are community-driven. Kibicho's (2008) case study from a wildlife sanctuary also reported some success. However, there are many accounts demonstrating that tourism as a community development exercise, in fact, creates social tensions and disharmony, as seen in an example from Hawaii (Wyllie, 1998). Usually not everybody wants or is interested in tourism, only a small group benefits and the socio-economic gap in the community widens with people starting to observe growing inequalities among themselves (see also Flora, Flora, Campana, García Bravo, & Fernández-Baca's concern in Ecuador, 2006). Cohen's (2001) example from Oaxaca/Mexico showed how the local treadle loom industry as part of a community development tourism structure impoverished people even more, and social tension in Bhutan was based on the fact that virtually no economic benefit arrived at the communities involved (Gurung & Seeland, 2008). Taylor (1995) explained much of those tensions with entrepreneurs often not being part of the community (either they arrived with the tourism, or they had lived in the community but originated from elsewhere), but successful entrepreneurs are not the same as successful community developments (Moscardo, 2005). Joppe (1996) felt that self-sufficiency and local control was important to community development but that this would rarely happen with tourism projects. For tour operators (Curtin & Busby, 1999), price-cutting competition by some operators made it very difficult to plan and operate under the banner of community development. Interestingly, in post-communist countries, such as Albania, anything 'collective' or 'cooperative' may evoke negative reactions and the idea of tourism as community development may pose unique challenges (Hall, 2000). For a comprehensive overview of this large topic, Scheyvens' (2002a) book *Tourism for Development - Empowering Communities* is highly recommended.

Interesting in this context is the notion of 'community-based tourism' (CBT) which is often not the same as community development through tourism. Blackstock (2005) critically examined the literature on CBT and concluded that it is rather a community development 'impostor' driven by economic imperatives. The label CBT suggests that

the community is involved, yet, all that is linked to the community is the location. Therefore, Blackstock criticises CBT for giving the ‘illusion of powersharing’ (p. 41) where communities have no power to reject a project, and a project’s goal is a long-term sustainability of the industry, not the empowerment of locals. Reed (1997) also urges caution when considering power relations as they may alter the outcome of a project completely. It seems, CBT is not always the benign strategy it tries to represent.

Communities are supposed to benefit from development in general and, here, from tourism in particular. This benefit is said to be of economic nature, yet, it has been demonstrated that this benefit is usually very small. Unfortunately, when benefit is heralded, little attention is paid to ways how the local population can be enabled to respond to the emerging opportunities. If local tourism employment is mentioned, it is done quantitatively, not in terms of quality of jobs and required qualifications (Liu & Wall, 2006). What these authors found were situations where a few locals (at low pay) assisted highly paid consultants. Capacity building in the context of tourism, to give locals a job and to decrease resentment toward expat staff (Inskeep, 1994), has been discussed in terms of general training/education needs in tourism. Laverack and Thangphet (2009), who defined capacity building as a ‘process that increases assets and attributes a community is able to draw upon in order to improve their lives ‘ (p. 1), applied this concept to managing two ecotourism projects in Northern Thailand, whereas Victurine (2000) trained local businesses and community organisations in Uganda. More often, such training - or the call for it - applies specifically to ecotour guides (Black, Ham, & Weiler, 2001; Gurung, Simmons, & Devlin, 1996; Weiler & Ham, 2002). However, in many countries, official tour guides need a licence based on a formal course and written examination which excludes illiterate or semi-literate locals (Scheyvens, 2002a). Recently, some Andean countries, including Peru, introduced similar regulations for guides, only now it is not illiteracy that excludes locals from the jobs they held for years, based on their excellent local knowledge, but the inability to pay for the course, examination and licence. The majority of tourism related employment still consists of low paid menial jobs, predominantly in the hospitality and service industry where particularly women’s ‘innate’ ability to cook, clean and care is seen as sufficient qualification. Elsewhere, higher paid positions are filled with expats with locals applying

for lower paid positions. However, even low positions may be a way out of poverty for many people. Businesses catering to the high end tourist readily acknowledge that only a good training of staff at all levels of the enterprise ensures the delivery of service of the highest standard.

Community Participation

The ubiquity of the appearance of the term ‘Community Participation’ in policy papers and the academic literature may be because it sounds less radical than community empowerment which implies a change in power structure. The concept of participation in development, according to the United Nations Development Programme [UNDP] (1999), was used in the 1940s in early ‘planned *intervention* [my emphasis] in underdeveloped countries to promote development and change’ (p. 2). The next two decades saw local people ‘involved’ to develop and improve their communities. This coincided with the advent of volunteer organisations referred to earlier. However, the purpose and degree of involvement was already decided upon by outside agencies. In the 1970s, people’s participation was given a new lease of life with the acknowledgment that participation had to be seen in a social and political context, and true participation was still not implemented. However, improvement was still not forthcoming in the 1980s which, judging by the amount of literature, could be called the ‘decade of participation’. In the 1990s, after increasing criticism of the status quo, the view emerged that the top-down practices used for so long did not work and should be abolished. To accommodate this shift in perspective, guidelines and manuals were available for practitioners in the field (Kumar, 2002; Pretty, Guijt, Thompson, & Scoones, 1995; UNDP, 1999) as well as instructions on how to measure indicators of participation (Morrissey, 2000; UNDP, 1999).

Although community participation entered the mission statements of many if not all development agencies, much critical discussion emerged on philosophical and practical issues with the use of this concept. Well-known is Arnstein’s (1969) critical essay on eight different degrees (the ‘Ladder’) of citizen participation, from manipulation to citizen control, dividing these rungs into non-participation, tokenism, and citizen power.

Pretty (1995a, 1995b) used a similar continuum from manipulation to self-mobilisation, providing a convenient summary of challenges to the participatory process, and demanded to be upfront with the interpretation of the term as applied to a particular situation. Botes and van Rensburg's (2000) excellent critical examination of community participation identified nine 'plagues' or barriers that can lead to a non-participatory approach: 1) paternalistic role of development professionals, 2) inhibiting and prescriptive role of the state, 3) over-reporting of development successes, 4) selective participation, 5) hard-issue bias, 6) conflicting interest groups within communities, 7) gate-keeping by local élites, 8) pressure for immediate results, and 9) lack of public interest. What can be distilled from these barriers, and what appears in many other critical discourses, is the fact that community participation can be misused to reinforce the power external agencies or governments have (Storey, Bulloch, & Overton, 2005), yet, the benign rhetoric of participation would make this hard for the beneficiaries to detect (Cornwall & Brock, 2005). Cooke and Kothari (2001), in their book *Participation: The New Tyranny?*, demonstrate an almost religious following of this concept by many. They name some challenges, such as political co-option; project costs being transferred to beneficiaries in the form of money, labour, or in kind contributions; and the danger of masking continued centralisation of power. They agree that participation can be positive but it can also 'conceal and reinforce oppressions and injustices in their various manifestations' (p. 13). This is even more the case in countries where indigenous people form the majority, yet they are conditioned to be oppressed subjects of a manipulative élite, as Retolaza Eguren (2008) reports from Guatemala and Bolivia.

Eversole (2003a) analysed participatory approaches in three indigenous Australian development projects and concluded that because participation means different things to different people, project outcomes are often less than satisfactory. She identified that development relationships are overlooked in technical proposals and proposed a theory of development relations based on the concepts of power, motivation, legitimacy and trust in both beneficiaries and agencies. Therefore, it should not anymore be about who participated but rather who has the power, motivation and legitimacy to initiate people's action to change. Cornwall's (2008) recent comprehensive review dissects almost 40

years of participatory rhetoric and critically examines the process of selection, exclusion and self-exclusion of potential participants as utilised by development actors. She, like Pretty (1995a, 1995b), asks that it be made clear who participates in what and for what purpose.

Community participation, a genuinely beneficial idea has, unfortunately, been misappropriated for motives other than helping people to solve their own problems when given the necessary resources. If the ‘resource-givers’ try to impose their agenda and mask assistance dependent on conditions, then, in Gilbert’s words (1987, as cited in Botes & van Rensburg, 2000, p. 75) ‘the poor are often well-advised to limit their involvement, because this assistance can be used to their disadvantage’. The next section explains how community participation has also been applied in health care, especially to health programs.

Community Participation in Health

The beginnings of modern community participation in health may be found in the mid-1800s, when medical practice introduced public health programs to reduce and prevent tropical diseases which could have devastating effects on colonial personnel and infrastructure (Espino, Koops, & Manderson, 2004). However, community participation meant that villagers were to carry out instructions to implement control measures, such as eliminating breeding sites, catching rodents or - today - hanging up mosquito nets. Communities where these actions were to take place were identified externally, and so were the activities. Communities were not asked if they were interested in participating, and community participation was ‘a mechanism to encourage the “natives” to embrace a biomedical perspective on disease and to adopt biomedical (and colonial) practices’ (Espino, Koops, & Manderson, p. 4).

Community participation is a major aspect in primary health care and, not surprisingly, has been written into innumerable health programs. After the first rush to implement a change from traditional medical approaches to health care with a community focus, and an enthusiastic if mechanical application of strategies to practice, Susan Rifkin (1986),

a well-known public health scholar, reviewed approximately 200 case studies. The lessons to be learned were mainly based on failures to analyse the reality before trying to implement templated activities. She identified that 1) it was not possible nor useful to have a universally acceptable definition of community participation (as it depended on the approach taken, such as medical, health service based or community development focussed); 2) it was not possible to build broad self-sustaining community participation through health services alone (because health was often not a priority for the people, an error often made by 'experts'); 3) it was not possible to consider community participation outside a political context (another expert error); and 4) it was not realistic to propose a model for community participation in a health program (because community participation is not an intervention). The questions that need to be explored more, and serve as a planning framework, are, according to Rifkin, Why participate? Who participates? and How do people participate?

Ten years later, Rifkin (1996) notes with disappointment that community participation has not met the expectations of health professionals, possibly because, unlike a vaccination regime, it cannot be imposed on people (perhaps for this reason, there are no detailed instructions in the *Declaration of Alma Ata*). She identified two main paradigms, neither of which works in practice. The first, target-oriented, top-down and biomedically based, tries to convince people to accept a specific health intervention and requests community contributions, such as in the form of labour or money. The second, the 'bottom-up' empowerment framework, sees the community as the identifier of problems, priorities and resource allocations, and then asks for professional responses. Here, community participation is a catalyst for social change. Both frameworks oppose each other and both have unrealistic expectations from the local people, especially where the poor are expected to make contributions they could rarely afford. A new 'both-and' paradigm (p. 88) would mean that planners needed to learn new skills and adopt changed attitudes by respecting local people and their knowledge and accepting views different from their own, finding local rather than universal solutions to problems, and accepting that community participation is no magic bullet. Rifkin, Muller and Bichman (1988) designed a methodology to measure the degree of participation to allow monitoring over time or compare different programs. This method has been tested in countries as diverse

as Nepal (Bichman, Rifkin, & Shrestha, 1989) and Sweden (Bjärås, Haglund, & Rifkin, 1991).

Kelly and van Vlaenderen (1996) examined the failure of a health project in South Africa and found that each player (locals, coordinators, organisers and NGO representatives) had different perceptions of the program and of each others' perceptions, an aspect rarely considered in the literature, but recently by Ward et al. (2009) in Mali. The dynamics between developers and beneficiaries need to be understood and suitable preparations undertaken to avoid potential failure. Tokenism, a biased selection of participants, and a lack of knowledge of how to penetrate the system if no invitation to participate is forthcoming, are only some long-term impediments (Brownlea, 1987). In addition, planners often ignore that some cultures do not value participation highly. Brownlea suggested that communities need to be prepared for (and changed by) participation. This is a different preparation to what Kelly and van Vlaenderen proposed, and could be seen as a purposeful change of the community to make them more pliable for professionals. Stone (1992) examined cultural influences on community participation in health. In the 1940s and 1950s, local culture was deemed irrelevant because any problem would easily be fixed with Western knowledge and technology whose superiority people in developing countries would naturally acknowledge. In the 1970s, health planners interpreted culture more as a static obstacle to the implementation of new interventions, whereas social scientists emphasised the inclusion of local knowledge and strategies. Reviewing research in developing countries, Stone demonstrated that programs clearly failed when cultural factors were ignored, people were desperate for curative services not health education (and here primary health care contradicts its own community focus when it prescribes prevention when people's defined needs are curative), and community participation is still around because authorities can see the low-cost aspect, leaving them to invest in more prestigious projects (for the non-poor) elsewhere.

Muller (1983), in case studies of community participation programs from Peru, demonstrated that each community is a unique setting and must be viewed individually, an aspect often lost in participation 'recipes'. Particularly in Latin America, community

participation has been integrated in many health programs but problems with definition, ideological backgrounds, ignorance of cultural aspects, and hidden agendas are presented in the general literature (Bronfman & Gleizer, 1994; Cardaci, 1997; Morgan, 2001). Two important considerations were noted by Ugalde (1985). First, pre-Columbian forms of community organisation were firmly based on political participation, egalitarianism, communal land ownership, cooperativism, all concepts that were destroyed and replaced by 'modern' organisational forms leading to an authoritarian, centralised and unequal society. 'We have the paradoxical situation that governments and international organisations were destroying grassroots organisations and at the same time they were fomenting community organisations under their own control, and under the rationale that the traditional values of the peasantry were not conducive to effective collective action' (p. 43). In fact, and this is his second observation, these values were so effective that community leaders bore the brunt of displeased authorities. For many community health workers who acted on the social change concept, this engagement in the struggle for a shift in power structures, unfortunately, has had tragic consequences. Numerous cases of political violence, including torture and death, have been reported, predominantly in Latin America (Stark, 1985; Ugalde, 1985).

Community Participation in Tourism

Compared to its role in the health domain where it focuses more on policy-making and service delivery, community participation in tourism emphasises at least two other aspects. One is the hoped for acceptance of tourism in a community if people participate, or at least a minimum of hostility and obstacles. The other focuses on entrepreneurial concepts where locals have the opportunity to share the benefits of tourism developments. Reid, Mair and Taylor (2000), in four case studies in Canada, observed that if a tourism enterprise in its planning does not consider local every-day life, a deterioration of the tourism product, conflict between locals and entrepreneurs and, of most concern, community dysfunction will occur. Giving detailed information in the planning process correlated with a community's agreement with another Canadian project (Keogh, 1990), however, this paper pointed more to the acceptance ('selling') of a project rather than active participation. Simmons (1994) agreed that meaningful

participation depends on locals' knowledge base but also on their perception of how their input influences decision-making. He also advocated the testing and evaluation of participation techniques, an area overlooked in research. Prentice (1993) found that community support depended on clear benefits to be expected, such as employment opportunities.

Community participation, an essentially Western concept, faces problems when applied in cultures where participation is not a desirable activity. Timothy (1998) explains traditional views on power concentration in Java/Indonesia, where central authorities are believed to make decisions for the good of everybody, and interference in this process would be an insult to those in power. Cole (2006) confirms this concept of power and authority in Flores/Indonesia, the prevailing desire to avoid confrontation, and the preference for consensus over individualism. This then precludes personal initiative but also communication and the necessary information flow between stakeholders and the government. The Chinese Jiuzhaigou Biosphere Reserve has been studied extensively, and is referred to again later in this thesis under 'Pro-Poor Tourism'. Li (2006) demonstrated how this development has been very successful in providing general economic benefits with minimal community involvement in decision-making. However, the paper's mention of the area's indigenous peoples is less benevolent as their employment opportunity lies in cleaning and garbage collecting. Simpson's (2008) comment that although community participation is important, it 'should not be allowed to overshadow or denigrate the goal of benefit conveyance' (p. 3) agrees with Li's view.

Cevat Tosun (1999), an eminent tourism scholar, suggested using the typology of community participation derived from general development approaches ('spontaneous', 'induced', and 'coercive') to assess practical examples. He critically analysed community participation in tourism. He, too, identified cultural limitations to participation (2000), including a limited capacity of poor people, apathy and low level of awareness, on top of operational and structural limitations. In a Turkish example (Tosun & Timothy, 2001), participation was missing in tourism planning because it would have meant a re-distribution of power and resources, whereas in a second example from Turkey (Tosun, 2006), different stakeholders had different expectations.

The local community expected to have the power to make decisions, local agencies agreed with participation but without people's decision-making power, whereas central bodies opposed community participation outright. Tosun (2005) named socio-economic, political and cultural aspects essential in community participation and concluded that, in developing countries, political will, a legal framework, the empowerment of local communities and the cooperation of the local élite are crucial for a pro-active tourism development strategy. A recent example from Botswana (Sebele, 2010) still struggles with major challenges to CBT, especially evident in a lack of community involvement and participation, a lack of sense of communal ownership and the loss of promised benefits. On a positive note, van Fossen and Lafferty (2001) insist that community interest must be integrated to achieve long-term sustainable development, but demonstrate that local communities are not automatically powerless as shown in Hawaii, where land use is traditionally a very strong community issue.

Moving to South America, over the last few decades a considerable number of community ecotourism projects have been started in jungle and mountain areas but little research is available to assess their degree of community participation. A Brazilian evaluation (Wallace & Pierce, 1996) of eco-lodges in the Amazon area concluded that they contributed little to the involvement or empowerment of local people. In Cuzco/Peru, a major tourism business centre on the continent, local participation was amazingly poor (Ladkin & Martinez Bertramini, 2002). On the other hand, Stronza (2005) reported on the eco-lodge 'Posada Amazonas', a joint business venture between a private Peruvian company (Rainforest Expeditions) and the indigenous Ese'jeja community of Infierno, where locals are not only employed as guides or cooks but are owners, directors and decision-makers. Such examples are very rare.

Mitchell and Eagles (2001) compared two Peruvian communities' involvement in tourism, Taquile Island in Lake Titicaca, and Chiquián in the Cordillera Huayhuash, the last settlement before reaching Llamac, one of the two locations of this study. Taquile has a long tradition of community integration in all important matters, including tourism, where high quality textiles and home stays are the main drawcard for visitors. Strictly regulated rotations of input and distribution of benefits have long been part of this much

heralded approach to communitarian tourism. A loss of community control, however, was observed after the then president Fujimori's anti-monopolisation laws (Mitchell & Reid, 2001), when tourism operators from Puno, a city on the lake's shores, entered the equation. Similarly, the emergence of individualism contributed to a changed framework. Zorn and Farthing (2007) confirm these observations, a less than satisfactory outcome for the locals, after decades of self-sufficiency through tourism, which included the successful rejection of aggressive proposals to construct hotels on the island. Mitchell (2003) lists five characteristics of community integration/participation: 1) inclusive and transparent decision-making process, 2) high number of participating citizens, 3) high degree of meaningful participation, 4) equitable and efficient process, and 5) high ownership and management of the community-based tourism sector (p. 2). Before outside pressures changed Taquile's make-up, all these aspects would have been observed on the island. Chiquián, however, the village to which Taquile was compared, fares poorly in all five characteristics. Only a few local businesses were involved in catering for passing through trekkers/climbers; there was a lack of unity, awareness and interest to participate ('collective indifference', Mitchell & Eagles, 2001, p. 22). However, one needs to be aware that Chiquián is only of interest because of its proximity to the Cordillera. Especially after a road had been built to Llamac in 2004, tourists rarely seem to stay overnight but only change transportation and have a meal. Therefore, tourists are more incidental rather than the focus of a local industry which is agriculture and cheese-making, both time consuming activities that may preclude locals from an additional interest in tourism ventures. For a variety of structural, cultural and political reasons, community participation in tourism in developing countries has been given mixed report cards. However, such projects are expected to increase, albeit now with a new focus on poverty alleviation.

Summary

Community development, as a global strategy to assist predominantly rural people in developing countries, has been adopted by many aid agencies and, at least on paper, percolated through to many government departments. The difficulty of defining the crucial concepts community, empowerment and participation is mirrored in a large body

of literature, particularly in recent very critical accounts. Nevertheless, an insight into this field is important as it relates to the core of this study, local residents as the community, and the goal to design a community-driven tool that can put them in a position to decide for themselves (which coincides with the call for participation and empowerment). The concept of community will be revisited later in the thesis (Chapter 12 Reflections). This chapter also provided a theoretical discourse with some practical applications on community participation in the disciplines of health and tourism, both representing a useful background and introduction to the purpose of the study. Subsequently, what will be aspired to is that villagers are in a position to combine their participation in health and in tourism issues into one strategy, using the TOHIAT to protect their health by making informed decisions about tourism in their area. Ultimately, it is the health and well-being of a destination community that counts as development outcome, regardless of which impact assessment initiative is chosen in a particular situation. Community development always had an implied purpose of poverty reduction, however, over the recent years, fighting poverty has become a major focus of the global community. Chapter 5 presents a critical overview of this issue with a special emphasis on tourism's role in addressing poverty.

CHAPTER 5 - TOURISM'S ROLE IN POVERTY ELIMINATION

At the beginning of the 21st century, the UN General Assembly (2000) declared poverty the biggest challenge of the new millennium and, in the much cited eight Millennium Development Goals (MDGs), pledged to 'halve, by the year 2015, the proportion of the world's people whose income is less than US\$1 a day...' (p.5). Related 'Live-Aid' concerts and 'Make Poverty History' wristbands allowed the well-off public the feeling of being part of a very worthwhile cause. However, a critical analysis of these goals by Saith (2006) reveal unsettling and overlooked aspects of this campaign, especially the omission of factors that are crucial for at least some success of the MDGs. Precursors to the MDGs were the many strategies drafted by bi-and multilateral agencies and non-government organisations for poverty 'reduction', 'alleviation', 'eradication', 'elimination', and so on. Tourism has been hailed as one strategy to increase poor people's income, hence, reduce their poverty. This section will indicate briefly the complexity of the phenomenon 'poverty', before critically examining, first, the current 'development industry' geared towards poverty elimination, and second, several tourism initiatives supposed to assist the poor. It concludes with a reminder of the well-established link between poverty and ill-health.

Poverty

The World Bank (2008) defines extreme poverty as a consumption level of US\$1 a day, moderate poverty as a consumption level of US\$2 a day. This definition, unfortunately, has been accepted unquestioned by the development industry in general, and so paves the way for poverty reduction schemes, for example, by the Organisation for Economic Co-operation and Development (OECD, 2002), that are geared solely and exclusively on income, economic growth, and participation in a free market as an indicator of poverty. Even the MDGs link poverty still very much to financial issues. It is, therefore, not surprising that high expectations rest with tourism, an economic enterprise, to bring money to the poor so that they become non-poor. Two fundamental errors lie with this definition of poverty. First, US\$1/day has been taken arbitrarily from the median of ten

of the lowest national poverty lines in the world (Edward, 2006a). Not only is the amount far too low, it is also, according to Edward, morally indefensible when based on health literature. He reminds us that 'below a certain consumption threshold, life expectancy falls rapidly with falling consumption, whereas above this threshold, life expectancy rises only slightly with rising consumption' (p. 378), following Preston's (1975) and Rodgers' (1979/2002) work on this topic. Edward calculated the 'kink consumption', where more consumption adds little to a ~ 74 year life expectancy, at US\$ 2.7/day, which he calls the Ethical Poverty Line. Adopting this line would deem about 50% of the world's population poor, i.e. not having enough to live a full life span. The second error in the World Bank's definition is that it does not take into account aspects of poverty other than income which, therefore, suggests that poverty can be addressed by increasing income and spending power. Wagle (2002) urges the consideration of two more aspects: capability and social exclusion. The first addresses factors, such as health, education and adequate housing, that allow a person to function, achieve, and cope with stressors. The second considers a poor person's exclusion economically (from markets), politically (having no voice) and civically/culturally (from social networks or memberships), in Peru a particular concern for the people of the *sierra* (the Andes) (Roca Rey & Rojas, 2002). For women in many societies, the problem lies even more in the two factors not included by the World Bank. To date, the three aspects of exclusion have not been integrated in a meaningful way by the World Bank or any other player in the poverty game. This then explains the interesting phenomenon that, with the increase of global consumption between 1993 and 2001, half of the benefit went to the developed world, and much of the other half to China, creating a new middle-class (Edward, 2006b). This, in turn, explains why the UN proudly announced in an MDGs report (2005) that Asia, more precisely Eastern Asia (= China) leads the way in reducing poverty rates.

Although there is sufficient poverty in Western and urban areas to warrant urgent action, the 'war on poverty' focuses on developing countries and the North-South divide. The division of the world into North and South, representing the rich/poor, up/down, good/bad, developed/not developed, and so on, is still part of the poverty discourse, although one would think - though not evident in the literature - that countries, such as

Australia and New Zealand, might want to disagree with this simplistic categorisation. Eckl and Weber (2007) examined the highly questionable use of those terms and identified a range of inherent and usage pitfalls. Most importantly, the implicit notion that one (North) is better than the other (South) also harbours the danger that one can see it as its responsibility to patronisingly intervene in the other's internal affairs - in short, to tell them what to do. Chambers (1995a), in a paper that could be considered compulsory reading, strongly criticises the North/South thinking and points out that the poverty criteria of the North do not apply to the South. For example, instead of 'wealth', 'well-being' may be a local indicator, instead of 'jobs', it is 'livelihood'. He demanded as a basic human right that poor people conduct their own analyses because the poor's view is more important than our own understanding of poverty: '...they are the only experts on their life experiences and priorities. But our power in the past has overwhelmed their knowledge, hidden their analytical abilities and allowed us to assume that we know what they experience and want' (p. 191). This rejection of outsider control and intervention relates perfectly to similar criticism in other areas discussed in this thesis, including tourism development in vulnerable communities.

Highly publicised strategies against poverty, be they by the World Bank, the United Nations or any other agency, are still economy-focussed, arguing that an increase in income will eventually create wealth, and are still prescribed for and imposed by the 'North' for the 'South', regardless of the rhetoric adopted. Unfortunately, many such strategies are counterproductive (Øyen, 1999) and even create more poverty (Storey, Bulloch, & Overton, 2005). To respond meaningfully to poverty takes more than just taking money from the rich and giving it to the poor; fundamental changes need to happen (Edward, 2006b; Matthews, 2008; Øyen, 1999) regarding major structural issues and the way the global population, including the rich, 'lives and lets live'. Poverty is more than just lack of money, it is a lack of opportunities and capacity or, as Mittelman (2008) succinctly says, 'poverty is the want of well-being' (p. 1641). One of the important factors that provide people with the capacity to deal with life's challenges is good health. The final part of this section on poverty will visit briefly the link between socio-economic status and health status. In the meantime, poverty alleviation will be reviewed within an economic context and through practical tourism strategies.

World Bank/International Monetary Fund (IMF)

One cannot discuss global poverty and poverty alleviation issues, without mentioning the World Bank, the international financial agency established after World War II to assist with rebuilding Europe's battered economy. It is important for understanding its activities to note that the Bank's president is appointed by the US government, and the US Treasury owns over 50% of the Bank's assets. Today, the Bank is mainly involved with 'development' and 'poverty reduction', is a leading partner of other agencies (IMF, United Nations Conference on Trade and Development [UNCTAD], UNDP and many others) - a partnership often not made explicit - and strongly influences many poverty reduction documents.

Over the last decades, the Bank, its values and activities have received massive criticism for the fact that loans to poor countries are available only under specific conditions (then called Structural Adjustment Programs) which allow the Bank, and bilateral/multilateral donors through the Bank, to exert power on the recipient government's policies (called restructuring). As Kane (2008) explained, previously, the Bank attracted much criticism for its extended support of dictatorships around the world and its extraordinarily poor management of funds. The aggressive expectation of debts being re-paid led to the collapse of many countries' infrastructure, such as the abandonment of public services (health, education, water, sanitation). These services then have to be provided by international NGOs (often funded in some way by the World Bank) which are able to exert power as expected by the donors. The World Bank's practice of supporting large-scale projects which proved disastrous for local people, and the habit of undermining democratic movements to attract foreign investors added to the already severe criticism.

To salvage some of its reputation, from 1999, 'social participation' entered the Bank's jargon resulting in the 'Poverty Reduction Strategy Papers (PRSP)' (Chávez Malaluan & Guttal, 2003; Global Exchange, 2001; Kane, 2008), because of its deceiving rhetoric now even more criticised. These strategies are meant to be devised by the recipient country's government together with the World Bank and IMF, to be locally owned, with the poor as active participants. However, apart from the use of a terminology that

suggests an ideological change, activities and outcome remain the same. The four steps a country needs to promise to receive much needed funds are 1) privatisation of national assets, 2) capital market liberalisation, 3) market-based pricing, and 4) free trade, which leaves the country worse off than before and more vulnerable to outside intervention.

With limited opportunities to increase economic growth and employment, and to reduce poverty overall, 80% of 56 low-income countries (= per capita GNP of under US\$ 760) see tourism as one option available to them (Hawkins & Mann, 2007). These authors, the second being a World Bank employee, provided an overview of the policy shift over the last 40 years regarding tourism-related lending. The period of 1969-1979 was one of 'Macro Development'. Loans, often for import substitution, were given for large projects which often failed because of serious negative impacts. In the 1980s ('Disengagement'), the World Bank withdrew from tourism-related projects because the industry grew so rapidly and successfully within the private sector, that supporting it did not meet the Bank's development policies. With the new ideology of 'Sustainable Development' (1991-1999), the Bank again entered the scene as a major player and, as 'Global Environment Facility' (World Bank + UNDP), focussed on biodiversity and culture conservation. From 2000 onwards, 'Micro Development' became interesting for the Bank, linking support to micro-finance and small-scale entrepreneurship. Interestingly, the authors simply define the PRSPs as 'the country's own development strategy' (p. 353) without illuminating the entire picture, and call them the 'development framework for achieving the Millennium Development Goals'. 'Participation', the concept pivotal to the Bank's supposed ideological change, does not feature much in that paper, however, an extensive critical review by Lazarus (2008) remedies this shortcoming. PRSPs are the umbrella document that represents the plan to help a country to get out of poverty. However, as Lazarus discovered, there is still no change to the previous macroeconomic policies, and participation is predominantly used to soothe agitated critical minds: 'Backstage' [participation-free] negotiations take place concomitantly behind the on-stage 'theatre' of participation' (p. 1207). Some problems are seen in the fact that the poor do not have - or have not been given - skills or experience in participating, the time-frames are inappropriately short, and the five principles of PRSPs (country-driven, results-focussed, long-term, comprehensive,

partner-orientated) are so ambiguously worded that Bank/donors avoid relinquishing power but are able to demonstrate good intentions on paper. A further problem is the 'de-politicised' approach to participation that ignores the actual political situation of a country. This makes it impossible to deal with the root causes of poverty, disregarding that poverty is not just a lack of resources. Finally, a radical perspective illuminated in this review claims that participation, as [mis]used by the Bank, damages a country's sociopolitical arena with the subsequent situation that the invitation to participate is taken up not by the poor but by the educated urban, middle-class who, working as experts in NGOs, are able to access funds not meant to be for them, and so have social control. In other words, the well-off feed off their own poor. Hugé and Hens (2007) examined 12 PRSPs using their own 85-question checklist to assess the aspect of sustainability in the documents. Sustainability was insufficiently integrated compared to other aspects and even what is documented does not necessarily result in practical implementation.

The 1990s can be seen as the 'decade of sustainability', especially of 'sustainable development', following a change in world views in the 1980s where consumption without considering its impacts (then mainly on the environment) was increasingly frowned upon. It also offered opportunities for agencies of all sizes and ideologies, some genuine in their interest for sustainability and poverty reduction, others not, to hop on the bandwagon. As just explained, the World Bank was part of the game again. Two major approaches emerged to reduce poverty while including some sustainability: 'Sustainable Livelihoods', and poverty eliminating tourism approaches. Both are introduced below.

Sustainable Livelihoods

The term Sustainable Livelihoods was coined in 1987 by the World Commission of Environment and Development to refer to concerns on poverty issues, such as 'resource ownership, basic needs, and rural livelihood security' (Brocklesby & Fisher, 2003, p. 185). For Chambers and Conway (1991), a livelihood consists of 'people, their capabilities and their means of living, including food, income and assets' (p.1), the latter

tangible and intangible. Linking socio-economic and environmental concerns, Sustainable Livelihoods has become a tool in poverty reduction using an 'assets-vulnerability' approach. This reflected a shift in understanding of poverty not only as a lack of income as an indicator, but also as vulnerability, insecurity, isolation, powerlessness, and people's own perception of poverty (Maxwell, 1999, as cited in Brocklesby & Fisher, 2003). Livelihoods, then, are the means, activities and entitlements by which people make a living (opportunities and assets) by coping with 'harmful perturbations' that could endanger their survival now or in the future (Wanmali, 1997). It includes people's capacity to deal with stress or shocks. This balanced approach, for example, has been suggested by Scheyvens and Purdie (2000) to ensure a sustainable way of an environmentally, yet also socially friendly, type of conservation of natural assets on selected Pacific islands. Applying this balanced view to any project X, planners need to ask: How could X enhance locals' livelihood?, and What threats could X pose for the livelihoods of people in the area? (Hinshelwood, 2003). Tailored to the current study, instead of asking: How much money can we make from this tourism development?, the questions should be: How could tourism enhance our livelihoods? and What threats could tourism pose to our livelihoods? This, of course, then asks for a tool that allows locals to assess benefits and threats using indicators meaningful to them.

The widely adopted four main components of the Sustainable Livelihoods framework focus on 1) the vulnerability context, 2) the 'asset-pentagon' (capital, social, natural, financial, physical and human), 3) livelihood strategies and outcomes, and 4) policies, institutions and processes (Brocklesby & Fisher, 2003). Theoretically, this represents a shift from the needs-based to people-centred community development where, in the former, outsiders decide for the good of the community and, in the latter, the poor or somebody on their behalf, are actively involved. That this is not quite so becomes evident in Brocklesby and Fisher's review of three large development organisations (Department for International Development [DFID], CARE and UNDP) where rhetoric did not match the practical outcome: '...most striking...the apparent absence of community development thinking and practice in Sustainable Livelihoods approaches' (p.193), questioning if Sustainable Livelihoods can actually contribute anything to, or

learn from, community development. The approach is mainly applied to rural and remote areas, however, its use in dealing with urban poverty has been demonstrated across a range of African countries by de Haan, Drinkwater, Rakodi and Westley (2002).

Any approach geared towards change needs to be evaluated. Wanmali (1997) appreciated the problem of finding indicators for Sustainable Livelihoods and pointed out that they must differentiate between expert and local priorities and perceptions of sustainability; for example, statistical (Western) methods do not reflect community perceptions. He does, however, not make recommendations on how this might be achieved apart from designing a composite index with specific weighting of expert and local views. Again, whose views have more weight is not alluded to. He suggests a seven-point list of activities, none of which involves the community. Hoon, Singh and Wanmali (1997) list eight 'desirable characteristics' of an indicator, one of which is 'ownership by users' - users here are not the experts using the tool but the people affected. However, they admit that there is, as yet, very little experience in measuring the impact of Sustainable Livelihoods initiatives.

Despite all the rhetoric, Sustainable Livelihoods is first and foremost an initiative firmly based in the economic domain. Strategies include a range of money-earning activities within agriculture, employment, enterprise, even e-commerce (Singh & Gilman, n.d.). A considerable amount of educational material is available for novices to learn the Sustainable Livelihoods approach, such as guidelines, workshops (Dearden, Roland, Allison, & Allen, 2002), or guidebooks for Sustainable Livelihoods research (Rennie & Singh, 1995). What is missing is a focus on basic education of the poor and underserved that is designed within the philosophy of poverty eradication. The aim of basic education should go beyond immediate employability and focus on lifelong learning of 'adaptive and coping livelihood strategies' (Lawrence & Tate, 1997), which would, indeed, give the sustainability aspect in Sustainable Livelihoods a better chance. Examining two compilations of Sustainable Livelihoods experiences and examples, this fundamental component could not be detected. Wanmali and Singh (1999) attempted to present a list of lessons already learned from Sustainable Livelihoods programs at country level. This seems astonishing, considering that the idea at the time was only a few years old. They

thought that the minimum of one year that the preparatory process had taken in each country, may be seen as extraordinarily long. Although they explain that introduction, consensus-building and so on are ‘a time-consuming exercise’, there is no indication that local people/communities participated in a way the Sustainable Livelihoods concept requires. A commissioned multi-agency review by Hussein (2002) is only mildly critical in its assessment of the various bilateral, multilateral, non-governmental and other organisations which actually contributed their own ‘blurbs’ to the document. None gives an indication that the represented program includes basic education focussed on Sustainable Livelihoods strategies.

Tourism is one of the suggested means of income in Sustainable Livelihoods as an economic approach to poverty reduction. A number of practical examples have been described, for example, by Ashley, relating to Wildlife Enterprises in several African countries (with Elliot, Sikoyo, & Hanlon, 1999) including Namibia (2002). Ashley, of course, is predominantly known for her seminal work in Pro-Poor Tourism, discussed shortly. Shah and Gupta (2000) reviewed tourism case studies in Indonesia, The Philippines, Vietnam, Nepal and India from a livelihood perspective. A very recent paper on tourism and Sustainable Livelihoods (Tao & Wall, 2009) emphasises the need for livelihood diversification, i.e. the consideration of tourism as one of many means of income, not one that displaces traditional sources of sustenance. After consideration, tourism may or may not fit into a given local context. The authors also point out that communities’ assets, needs, strengths, weaknesses and stresses should be evaluated ‘through local minds’, not experts. Unfortunately, they do not elaborate on this aspect. The investigated indigenous Taiwanese community with traditionally multiple means of income may have been, in some way, in a better position than others because the risky business of tourism can be balanced out with other activities. Tourism, as is correctly stated, is not a reliable source of income. However, the claim that, for most tourism-linked individuals at a destination, tourism is not the sole source of income, cannot be upheld. There are examples around the world where the lure of quick money, conveniently employed by tourism developers, has triggered an exodus from traditional activities abolishing the traditional ways of farming, fishing, hunting, small business, with disastrous consequences, when tourism failed. Therefore, tourism as a Sustainable

Livelihoods initiative should, indeed, only be one of many facets of livelihood activities.

More recently, Simpson (2009) presented a seven-step Sustainable Livelihoods assessment protocol to ensure ‘political correctness...’(p. 16). This protocol is elaborate and, certainly, designed with the best intentions. The problem starts with the acknowledgement of community participation as one step (‘participating processes’) in the protocol. This alone deems the process non-participatory. There is no indication that the tourism projects described were created on the request of the communities, nor are any indicators or measured items identified as community validated. In other words, outsiders decided what to ask. This is confirmed when the approach is praised as able to ‘adapt to the needs of the researcher, the environment, and the project concerned’ (p.7). The use of participatory rhetoric in non-participatory impact assessments will be discussed in great detail in Chapter 7 - Impact Assessment.

Poverty Eliminating Tourism Approaches

Before introducing the current tourism approaches that aim to benefit the poor, a brief overview of the evolution of theoretical perspectives on tourism and development by Scheyvens (2007) shall provide some necessary background information. The liberal perspective (1950s - 1970s) focussed on modernisation theory which was to bring development (economic, and in modern thinking) to the poor backward people who were supposed to enjoy the ‘trickling-down’ benefits of macroeconomics, coinciding with Jafari’s (2001) advocacy platform presented earlier. The critical perspective reflects changing world views in the 1970s and 1980s, and again 1990s, acknowledging negative impacts of development and free trade, neo-colonialistic characteristics of business behaviour, and leakage of income back to the West. The neo-liberal perspective represents economic rationalism and market liberalisation including a reduction of the role of states as they interfere with free markets, hence, the push for privatisation of national assets. This approach, the ‘Washington Consensus’, allowed the design of the now maligned Structural Adjustment Programs of the World Bank and the IMF. When the fact that multilaterals were able to force governments against popular will and public interest to make decisions harmful to their own people was severely criticised, the now

‘Post-Washington Consensus’ put more emphasis on the inclusion of the state. However, one has to question how much damage has been done in the meantime to suit the World Bank’s agenda. Interestingly, the term ‘neoliberalism’ is mainly used in Latin America and points to the widening gap between the rich and the poor. One cause of this gap can be explained by the privatisation of national assets and the élite’s accumulation of wealth by dispossessing those at the social and geographical periphery (Harvey, 2005). An alternative perspective (1970s - 1990s) focusses more on small-scale local tourism developments with local people playing an active role in the respective initiatives. The perspective does have pitfalls, particularly because there are no homogenous textbook communities, and the range of problems faced in the practical implementation stages is the reason why evidence to its benefits is limited. The poststructuralist perspective (1990s onwards) takes a holistic rather than bipolar (good/bad) view and purports that locals do have the power to respond, adapt, embrace or reject developments. This perspective coincides with the current study, where the view is taken that locals should be in a position to decide on acceptance or rejection of (tourism) projects, and a useable meaningful assessment tool should be at their disposal. Four poverty reducing tourism strategies are introduced next.

Pro-Poor Tourism

Pro-poor tourism (PPT) is, according to the UK Department for International Development (DFID) (Bennet, Roe, & Ashley, 1999) ‘tourism that generates net benefits for the poor’ (p. 6) while minimising negative economic, social, environmental and cultural impacts. However, it is not exclusively for the poor, ‘non-poor people may also benefit’ (p. 6). The inclusion of the phrase ‘*disproportionally* benefits the poor [my emphasis]’ was avoided to acknowledge that many other tourism initiatives can be useful in poverty elimination. Strategies were seen as ‘unlocking opportunities for the poor within tourism’ (p. 6). Therefore, ‘PPT is not a specific product or sector of tourism [such as ecotourism, cultural tourism] but an approach [of doing business differently]’ (Ashley, Roe, & Goodwin, 2001, p. 2; [my additions]). PPT, in theory, incorporates participation, holistic livelihoods approach, balanced approach, wide application, distribution, flexibility, commercial realism, and cross-disciplinary learning.

Interestingly, the phrase ‘pro-poor’ has been accepted worldwide, unquestioned in terms of its linguistic association. Perhaps, from a native English-speaking background, this term seems precise, and developing nations - English speaking or not, and receiving pro-poor benefits - may understand and accept this term as a keyword/mantra/label employed by those in the know. From the standpoint of a German native speaker, the connotation with ‘pro-poor’ is something that achieves the state of ‘poor’ as a desirable outcome, similar to ‘pro-life’ as opposite to ‘pro-death’. Pro-poor, therefore, could be interpreted as something furthering the status of ‘poor’ and not at all being supposedly for the benefit of ‘the poor’. I have been unable to find any evidence of resource-poor countries’ perceptions of this term (based on their use of English or their native language), apart from Chock, Macbeth and Warren’s (2007) comment that the term is contested as pejorative and alienating. If this label is ambiguous, then, it seems, more damage than good may come of its use.

The pro-poor tourism movement can be seen as an answer to the much criticised Structural Adjustment Programs of the World Bank. Excellent detailed summaries of its historical evolution have been provided by Harrison (2008), Goodwin (2008), Scheyvens (2007) or Chock, Macbeth and Warren (2007). Here, only a brief overview is given, necessary to understand the background of this approach. The 1999 report by the DFID outlined ways in which tourism could contribute to economic growth in poor countries and so play a part in the now popular poverty elimination machinery, ensuring at the same time, that negative impacts were minimised. Compelling reasons were given as to why tourism should be the prime industry to meet the set goals, and strategies at bilateral and international level were recommended. Goodwin (2008) who joined the group soon after, justified the focus on the poor because, first, there was little evidence of the much heralded ‘trickle-down’ effect of big business profits and, second, any negative tourism impact was harming the poor the most.

As soon as two years after the initial report, Ashley, Roe and Goodwin (2001) released a first review of experiences based on six commissioned case studies in various countries around the world. Projects were described from South Africa by Poultney and Spenceley (2001) and Mahoney and van Zyl (2001), Namibia (Nicanor, 2001), Uganda

(Williams, White, & Spenceley, 2001), Nepal (Saville, 2001), Ecuador (Braman & Fundación Acción Amazonia, 2001), St Lucia (Renard, 2001), as well as a report on a range of other case studies (Cattarinich, 2001). It seems quite extraordinary to attempt a rapid implementation of an entirely new approach to a major economic force within a short time. One wonders how, given the vastly differing social and cultural considerations required, appropriate community involvement (a benchmark of PPT) could possibly have occurred. Not surprisingly, due to the short time-frame, little can be identified in these reports in terms of tourism's health impacts. However, some indications point to the use of an increased income for the establishment of health services and, on a household level, for purchasing health care and medication, also enhanced through increased (Ugandan) women's employment. Negative impacts were reported as easier access to alcohol, cigarettes, sweets, and an increase in car accidents. Ashley (2002) also suggested a methodology for case studies where soliciting the view of the poor was a crucial part, yet, the poor people seem to respond to a set of expert-driven questions.

More recent and longer-term examples of PPT have been provided by Rosetto, Li and Sofield (2007) from Nepal and China. Nepal took a different approach in that non-tourism government departments, such as health, education, agriculture, were involved in examining how tourism can assist them in providing better services to the poor population, with positive results. The Chinese Jiuzhaigou National Nature Reserve is presented as an example of how supportive government policies can provide an enclave for local communities earning handsomely from controlled mass tourism. Income is evenly distributed and livelihoods protected from outside competitors. Although Bowden (2005), a Chinese tourism scholar, does discuss issues such as community plans and empowerment of the poor, she credits the astonishing Chinese evidence for poverty reduction through PPT with: 'the rural poor are *pushed* [my emphasis] to adapt their traditional agricultural activities to suit the tourism market' (p. 391), 'traditional artefacts have been renovated and refurbished to suit tourism markets' (p. 392) and '...fundamental change from backward thinking and attitudes to a more open mentality' (p.392). Statistics clearly show the successful outcome of such strategies which may, or may not, be seen as appropriate within the Chinese cultural context. Overall, however,

Lazarus (2008) doubts very much that PPT will assist the poor and recommends that, unless structural inequities are addressed and altruism enters the scene replacing economic greed, the pretence (pro-poor) should be abandoned. In a recent editorial, Jamieson and Nadkarni (2009) criticised that the term PPT is ‘increasingly out of sync with contemporary economical and geo-political realities of the 21 century, and is often perceived as condescending’ (p. 117). They suggested the term TT4D (Tourism as Tool for Development) and offered a range of conclusions and recommendations to avoid the ‘parasitic dependence’ of the beneficiaries on donors which stifles any local effort to develop entrepreneurial talent.

Sustainable Tourism - Eliminating Poverty (ST-EP)

At the 2002 World Summit on Sustainable Development in Johannesburg, the World Tourism Organisation (WTO, now UNWTO) and UNCTAD, using the MDGs, saw an opportunity to pursue intensified tourism marketing under the banner of PPT and launched the ST-EP initiative encouraging sustainable tourism (social, economic, ecological) with particular consideration of the poor (UNWTO, 2008). The much cited reports *Tourism and Poverty Alleviation* (WTO, 2002), *Tourism and Poverty Alleviation: Recommendations for Action* (WTO, 2004), *Tourism, Microfinance and Poverty Alleviation* (WTO, 2005), *Poverty Alleviation through Tourism: A Compilation of Good Practices* (UNWTO, 2006) provide detailed guidelines and examples. ST-EP consists of a tri-partite institutional framework: 1) the incorporation of poverty components in UNWTO’s technical assistance program, 2) ST-EP Foundation to finance research and co-operation, and 3) ST-EP Trust Fund to finance technical assistance projects (Harrison, 2008). ST-EP consists of ‘The Seven Mechanisms’ (UNWTO, 2008) 1) employment of the poor in tourism enterprises, 2) supply of goods and services to the tourism enterprises by the poor or by enterprises employing the poor, 3) direct sales of goods and services to visitors by the poor (informal economy), 4) establishment and running of tourism enterprises by the poor - e.g. micro, small and medium sized enterprises (MSMEs), or community based enterprises (formal economy), 5) tax or levy on tourism income or profits with proceeds benefiting the poor, 6) voluntary giving/support by tourism enterprises and tourism, 7) investment on infrastructure

stimulated by tourism also benefiting the poor in the locality, directly or through support to other sectors. Clearly, each of those mechanisms is open to critical review. As a member of WTO, the Australian Cooperative Research Centre (CRC) for Sustainable Tourism (Bauer, Sofield, Webb, Battig, & De Lacy, n.d.) included poverty alleviation in its programs of research and teaching with extensive presence in projects in the Asia Pacific region in different country programs, but no outcome of those projects has been provided, making it difficult to assess their benefits.

The World Bank

Currently, the World Bank has no specific tourism program, however, it provides funding in its new dimension 'Micro Development' (Hawkins & Mann, 2007), including the adoption of micro-finance, an approach to banking made famous by the Nobel Laureate Muhamad Yunus (Yunus, 1998, 2007). It is too early to comment on the success of yet another alleged shift in the Bank's ideology. At this point, there is no reason to deviate from the assessment that funding is still for 'enlightened' governments that understand that to be 'developed' they need to be subjected to/exploited by foreign investors (Christie, 2002, as cited in Scheyvens, 2007). The 'openness' of countries as required by the Bank to be funded still means trade liberalisation (Hall, 2007).

Community Benefit Tourism Initiatives (CBTI)

The latest player in the field, CBTIs are tourism initiatives that benefit a community irrespective of any involvement, participation, ownership or even the socio-economic status of its members (Simpson, 2008). This is clearly different from PPT or other poor-focussed approaches and, acknowledging the less than convincing experiences with community participation which will be discussed in a later section, involvement is seen as not only difficult but often counterproductive. CBTIs are said to benefit the wider community rather than particular segments and, therefore, may deliver the promised outcomes more readily than those initiatives burdened with the rhetoric of community participation. Cochrane's (2000) example from Indonesia subscribes to that view. Blackstock's (2005) earlier mentioned criticism of CBT equally applies to CBTI, but

then, CBTI is open and honest about judging community participation as irrelevant.

Critical Views on Poverty Eliminating Tourism Activities

Although heralded as the panacea for all poverty-related problems, there are eminent scholars who provide thoughtful and detailed critical examinations of the current poverty-eliminating tourism agenda. Only a brief indication shall be given here. Harrison (2008), in his recent critique, categorised his comments into conceptual objections and substantive issues. Conceptual objections were: 1) proponents accept a neo-liberal approach instead of structural change, re-distribution of wealth and resources, and addressing power structures, 2) any kind of tourism (even sex tourism) is acceptable if the poor benefit, 3) the sustainability of the approach is questionable, and 4) PPT is theoretically and personally marginal in academia and commerce, i.e. a collaboration between academic and tourism industry would be beneficial. His substantive issues include: 1) a narrow focus on defined geographical locations means that outsiders are undeserving, 2) benefits are not evidenced, 3) no clear link between PPT and poverty alleviation, 4) no focus on equity, 5) market and commercial viability are ignored as are 6) the problems of mass tourism, such as exploitation, working conditions, and so on. He proposes that there is no evidence that PPT is truly distinctive from other approaches and that it is a movement that ‘consistently runs the risk of being hijacked by those who seek to claim the high moral ground, the more “responsible”...tourism and the more “moral” product’ (p. 865), and concludes that there is no point in focussing on small-scale enterprises when international tourism is big business and the returns for poverty alleviation should correspondingly be much larger. Hall (2007) summarised critical views focussing on poverty-eliminating tourism as another type of economic imperialism and neo-colonisation which, although some poor locals may benefit, does nothing to correct the major structural issues that allow the persistence of poverty. The poor do have the much sought-after assets of nature and culture but ‘it is often difficult to eat a view’ (p. 116). It is the rich and powerful who are the tourists and who design new tourism approaches. ‘The notion espoused by the UNWTO that “tourism exchanges benefit the countries in the South” is a ridiculous one and hides the reality that not only is the consumption of tourism the domain of the wealthy, but in many ways so is its

production' (p. 116). Manyara and Jones (2007) supported this view by citing Kenyan government figures that show that poverty is comparatively greater where tourism activity is highest.

Scheyvens (2007) agrees with the fact that the overall structures are not dealt with and that much is a re-vamping of previous ways of doing business so that current world views in relation to development are seemingly adhered to. She criticises the top-down approach of any such tourism initiative despite their rhetoric indicating otherwise, and the clear neo-liberal perspective. A good example for this is the location of the current study, Peru. Alberto Fujimori's neo-liberal approach in the 1990s (Desforges, 2000), Peru's 'economic miracle', seemed to be the answer to the country's widespread poverty. Private business owners benefited from the international visitor arrivals, attracted by the post-*Sendero Luminoso* tranquillity and peace, but the gap between the rich and the poor has widened. Chock, Macbeth and Warren (2007) also emphasised that, without addressing persistent structural inequities, no tourism approach will be able to benefit the poor in the long run but rather exacerbate existing poverty. They particularly criticised among others that 'distributive justice' is not an explicit PPT principle, and that a problem exists 'if powerful stakeholders manipulate opportunities to serve their self-interest under the veil of "humanitarian" concerns' (p. 150). Poverty reduction strategies are normally pro-rich (i.e. increase growth) rather than pro-poor (i.e. distribute better). Moreover, the authors alert us that poverty alleviation strategies usually are directed towards the rural poor, yet by 2033, one in every three people will be living in an urban slum (p. 159). In summary, the poverty eliminating tourism approaches discussed here 'have all been subject to usurpation by the tourism industry in the corporate interest' (Higgins-Desbiolles, 2008, p. 349). This author suggested that 'justice tourism', proposed by Scheyvens (2002a) earlier, is the only model genuinely different, and capable of leading to global social justice. Justice tourism builds solidarity and promotes mutual understanding between travellers and hosts, supports local self-efficiency and self-determination, and maximises local benefits (p.104).

A Critical Comment on Poverty

Sustainability, participation, development, livelihood, capacity building, and poverty 'reduction et al.' are parts of a cocktail of terms that can be used in any random combination, always sound sophisticated, and will be happily adopted by those who wish to appear concerned about this immense global problem. Copious amounts of reports, papers, guidelines, statements, and declarations exist, produced especially by large agencies, such as the UN and its international organisations, but also other international agencies, organisations and institutes. Without critical inspection, these documents imply that the authors have only the world's best interests at heart. In addition, the term 'bluewashing' (washing through the reputation of the United Nations) has emerged reflecting a 'creative management of reputation' which Laufer (2003) attributed to corporate entities. In fact, this seems to apply to organisations and corporations alike. However, as Øyen (1999) criticised, the UN has its own language producing diffuse statements whose non-committal nature is not understood by outsiders. It is also interesting to observe that, over the years, whenever a new idea, approach, or change of direction appeared, an international institute of that very approach is formed producing even more such documents, frameworks and models, all a re-vamped version of the original World Bank's approach to poverty reduction. In the end, there is little evidence that any had an impact on global poverty. As Mestrum (2003), in a critical dissection of the 2002 Johannesburg Summit, points out, the current development models are unsustainable, do not work (in that they do not influence poverty) and must be changed. Excellent critical papers identify the unpalatable reasons for the persistence of poverty, however, to remedy those would be too painful for the Western lifestyle and so, poverty reduction strategies cling stubbornly to the old, unsuccessful attempt to bring wealth to the poor with funds attached to conditions that create even more poverty.

Poverty and its Impact on Health

That poverty is linked to poor health is not a new discovery. Nor is that poor health creates and/or maintains poverty, as his or her body is the sole production factor of a

poor asset-less person. A review of the immensely vast literature on the vicious cycle poverty/ill-health/poverty in developing countries will be foregone here apart from mentioning that the discussion usually focuses on physical health (e.g., Biggs, King, Basu, & Stuckler, 2010; Peters, Garg, Bloom, Walker, Brieger, & Rahman, 2008; Simms & Persaud, 2009; Wagstaff, 2002). Interestingly, there seems to be only a weak association in developing countries between poverty and mental health disorders (Das, Do, Friedman, McKenzie, & Scott, 2007; Patel & Kleinman, 2003).

Poverty influences living conditions which, in turn, influence people's socio-economic status. Without going back too far in history, it has been shown convincingly in the 19th century in England and Wales that living conditions are important for health when tuberculosis mortality rates dropped markedly before the agent was discovered by Koch in 1882, and a treatment and eventually a vaccine were developed (Bergström, 1994). Factors influencing health are as varied as education, nutrition, living conditions, access to services, employment, social protection and inclusion. These 'social determinants of health', in fact, apply globally to people's well-being. For example, in New Zealand, Poulton et al. (2002) demonstrated that children born into poor circumstances suffered from poorer health as adults, even if their socio-economic status had changed dramatically in adulthood. Shaw, Dorling and Davey Smith (2006) pointed out that 'those who are worse-off socio-economically have worse health' (p. 196), not only in developing countries but also in their examples from Britain and Europe, as did Kawachi and Kennedy (1997), although Judge, Mulligan and Benzeval (1998) were unable to demonstrate this in wealthy nations. 'The way in which society is organised, where resources are invested, and in whose interest they are deployed, has a profound impact on the health of individuals within' (Leon & Walt, 2001, p. 3). Health expenditure, therefore, should not be seen as a drain on the public purse but as an investment in national wealth. To provide better living conditions means to increase a nation's health status which, in turn, enhances people's productivity. Working on the social determinants of health rather than injecting money in areas determined by outsiders, promises to create overall economic well-being.

As has been explained earlier, with the PRSPs taking centre-stage in poverty reduction

by funds linked to strict donor-conditions, the WHO (2004a) examined PRSPs from 21 countries to see to what extent improved health is seen as an important player in poverty reduction, and to what extent the health component of the documents identifies and proposes strategies to meet the specific health needs of the poor. With very rare exceptions, these economy-driven papers do not identify health factors as the biggest contributors to poverty, do not look at the health of the poor systematically (apart from the fact that they are sicker and cannot pay for health care) and ‘do not deliver on their potential to stimulate cross-sectional action for health’ (p. 18). At the time of writing this section of the literature review, the final report *Closing the Gap in a Generation. Health Equity through Action on the Social Determinants of Health* (WHO, 2008) was published. It proposes a radically different framework to poverty reduction, emphasising social determinants of health, with the PRSPs content utilised to assist the action rather than being the central focus. Although poverty is only indexed in 13 of the 247 pages, the report, prepared by the Commission on Social Determinants of Health, focuses on the principle of equal distribution of power, income, and goods and services, thus, reflecting those issues criticised as missing in the previously discussed poverty reduction strategies. The report states that unequal distribution ‘results from a toxic combination of poor social policies and programmes, unfair economic arrangements and bad politics’ and ‘economic growth is important but without appropriate social policies to ensure reasonable fairness in the way its benefits are distributed, brings little benefits to health equality’ (p. 1). Because of this considerable change in direction and its health focus, the main areas of the report are listed here:

I. Improve Living Conditions

1. Healthy Start
2. Healthy Places
3. Fair Employment and Work
4. Social Protection
5. Universal Health Care

II. Tackle Inequitable Distribution of Power, Money and Resources

1. Health Equity in all Policies, Systems, Programs
2. Fair Financing

3. Market Responsibility
4. Gender Equity
5. Political Empowerment - Inclusion and Voice
6. Good Global Governance

III. Measure and Understand the Problem and Assess the Impact of Action

1. Social Determinants of Health: Monitoring, Research, Training
2. Actors

A generation (= 25 years) is the time frame for action on which one might look cynically, remembering ‘Health for all in the year 2000’ or ‘Halving extreme poverty by 2015’. The implementation of the recommendations still depends on the relinquishing of power and influence by the powerful and influential, a feat that does not seem very realistic. However, the view that good health is the only way to combat poverty sits well with all those who have been disillusioned by previous attempts. Therefore, suspicion and doubts aside, this is worth examining closely. If it will make any difference remains to be seen, but at least the focus is finally (or again?) on something reasonable; again, because the importance of health and education in poor societies has been discussed before (Caldwell, 1986), and low mortality rates in poor countries have been achieved for decades, for example, in Cuba. The social determinants of health will surface later in this thesis during the discussion of the indicators used.

Examples of Community-Based Tourism in Practice

After having placed contemporary tourism in developing countries in the contexts of community development and poverty alleviation, two such tourism examples shall be presented here. The first is natural attraction-based tourism, the second examines two vulnerable target populations, women and indigenous people, and their roles and relationships with tourism.

Focus on Natural Location

Natural attraction-based tourism is placed mainly in the mountain or jungle areas of the

world. Jungle tourism, such as in Latin American countries or in Borneo, allows the observation of flora and fauna, and is usually combined with a stay in jungle lodges. Ecolodges or community-owned lodges in the Ecuadorian, Peruvian, Bolivian or Brazilian Amazon area are well-known, catering for distinct market segments. For this study, mountain tourism is of particular interest.

Mountain Tourism

Mountain regions had attractive powers on people long before they represented a commercial good to be utilised in the tourism industry. Mainly as religious or spiritual centres, they either became the destination for pilgrims all over the world or remained a sacred site, residence to gods or spirits. In addition, their physical beauty attracted those who wanted to experience the serene peace and solitude they could not have in their own places of residence. A further aspect which acts as a tourism magnet, but perhaps only in more recent times, are the people living in mountainous areas. Long isolation by terrain and limited communication meant that diverse ethnic groups have conserved their culture, represented in beliefs, customs, music, craft or knowledge, much longer than elsewhere. Today, this is often used by the tourism industry as a drawcard to certain destinations. Unfortunately, this isolation also meant marginalisation and, in its wake, poverty. Godde, Price and Zimmermann (2000) explain how this setting, and the demands of modern tourism, often collide if no careful consideration for area and people is given.

The year 2002 was declared by the United Nations General Assembly as the International Year of Ecotourism and the International Year of Mountains, a unique opportunity to address the connection between both to the benefit of the environment and the people in this particular landscape. The future will tell if this opportunity was taken up in the best possible way. In the past, much has been extracted from mountains and little has been returned in exchange - hence the relative poverty of many mountain dwellers compared to the rest of their countryfolk, a phenomenon not only observable in developing countries. The danger of continuing this one-sided use of resources through tourism is ever present and has been the focus of numerous research and

scholarly papers (Moss & Godde, 2002; Recharte, 1997). In more recent times, traditional mountain tourism has almost been replaced in some areas by some form of adventure tourism with opportunities to abseil, mountain bike, canyon, bungee jump, snow raft or paraglide (Beedie & Hudson, 2003) where previously alpinism, trekking or skiing were the activities attributed to mountain settings. Spiritual or cultural aspects have, largely, been replaced by a commodification of a geological feature. Beedie and Hudson also describe how this development has created tensions between the traditional 'mountaineer' and adventure tourists.

Regardless of the use of the mountain, environmental degradation is of growing concern. Even an apparently harmless activity, such as trekking on a trodden trail can lead to soil degradation, loss of biodiversity and accumulation of organic and inorganic waste (Monz, 2000). Environmental problems will have an even greater relevance for impoverished populations and Monz argues that 'providing host communities and local managers with the tools to monitor impacts enables them to better sustain their land, and can generate feelings of control and pride in the resources' (p. 67). Consumers of mountain tourism, in this case trekkers in Annapurna/Nepal, have been studied by Holden (2003) and Holden and Sparrowhawk (2002) in order to understand their intrinsic motivations, leading to a clear need for tourism management to increase education on environmental and other issues.

Environmental but also economic and socio-cultural impacts can be controlled by careful planning and regulating incoming tourism. The lack of strong public policies, and hurried and insufficient planning combined with an impatient expectation of a large influx of foreign currency has been described in examples from Nepal (MacLellan, Dieke, & Kumari Thapa, 2000) and Mustang (Gurung & DeCoursey, 2000). The latter authors strongly suggest three strategies for community-based mountain tourism: systematic planning, clearly defined roles, rights and responsibilities of all stakeholders (pointing out that locals are rarely considered), and a supportive legal and policy framework (p. 253). Shah and Gupta (2000) observed very little consultation with local people in Nepali conservation areas.

The double attraction 'mountains plus culture' gives rise to a further problem which is easily forgotten. Using indigenous culture as a tourism commodity, even with permission of the people themselves, can lead to a trivialisation or simplification of complex concepts for the sake of tourists who have little time or little previous knowledge to appreciate, for example, storytelling by indigenous or non-indigenous tour guides. Pfister (2000) points to the need for tour operators to make travellers sufficiently knowledgeable to avoid culture from becoming a cheap commodity for touristic entertainment. The relationship of indigenous culture with tourism will be examined in several sections later in this chapter.

Moss and Godde (2000) propose a number of strategies to ensure that mountain tourism 'be brought into harmony both with the needs of mountain peoples and the ecosystem they are a part of' (p. 323). They suggest to 1) increase mountain perspectives and awareness, 2) improve mountain reciprocity (and included here is the demand that mountain communities are to be assisted to determine for themselves if they wish to be involved in tourism), 3) reduce mountain degradation, 4) deepen and disseminate mountain knowledge; and, in addition, to use local views much more and improve the welfare of mountain people (pp. 324-328). They offer more detailed and practical 'building blocks' for sustainable mountain tourism. Interestingly, these authors also remind that the current pattern of increased travel to mountains could be reversed or even disappear over time due to factors, such as severe environmental degradation, a change of socio-economic status of travellers, or the increase of cost of transport or goods. At this point in time, however, it seems that mountain tourism is continuing to grow and increased monitoring will be necessary on behalf of mountain communities and their environment.

This short overview of some aspects of mountain tourism again confirms that, generally, local people are not included in planning, running and controlling tourism ventures in their communities. However, some projects do exist that are hailed as either community-owned, or where the community is involved and/or benefits in some way. Community-based mountain tourism can be found in various locations around the globe and practical examples are proudly displayed where they work, for example, in the Hindukush-

Himalaya region (International Centre for Integrated Mountain Development [ICIMOD], 2008), or in the Peruvian Andes (The Mountain Institute [TMI], 2008) where two communities in the Cordillera Blanca, Vitcos and Humacchucco, invite tourists for home stays and excursions. The problem plaguing virtually all community-based mountain tourism is the lack of marketing capacity, and clients arrive often either by chance or by word-of-mouth publicity, neither ensuring a long-term viability of the tourism product.

Focus on Vulnerable Populations

Tourism and Women in Developing Countries

For a long time, the only appreciable link between women and travel were classic pieces of travel literature written by women of means and privileged background, such as Freya Stark, Isabelle Eberhardt or Gertrude Bell. Despite the enormous expansion of tourism over the last decades and its corresponding academic treatment, scholarly discussions of ‘Women and Tourism’ have been relatively recent and, at least at the beginning and/or for lack of available frameworks, fairly haphazard but at the same time immensely varied. Discussions can now be found on women’s souvenir-purchasing habits (Anderson & Littrel, 1995), the impact of infertility on leisure (Parry & Shinew, 2004), women’s role in the tourism industry in developing countries (Swain, 1993; Wilkinson & Pratiwi, 1995), sexual imagery (Berno & Jones, 2001; Cohen, 2001; Oppermann & McKinley, 1997; Pritchard & Morgan, 2000; Scheyvens, 2002a), romance tourism (Herold, Garcia & DeMoya, 2001; Meisch, 1995; Sánchez Taylor, 2001), prostitutes’ views on sex tourism (Hanson, 1997), not to mention the numerous accounts and studies on sex tourism itself. The lack of literature on women and tourism in developing countries lead to the volume *Women as Producers and Consumers of Tourism in Developing Countries*, edited by Apostolopoulos, Sönmez and Timothy (2001).

The appearance of theoretical examinations of gender in tourism (more often than not represented in power inequity) allowed researchers to place their studies in more

analytical frameworks to facilitate the understanding of their observations. Henderson (1994), for example, for the purpose of leisure research, discussed five conceptual scholarly approaches to the study of women in this context as ‘invisible’, ‘compensatory’, ‘dichotomous differences’, ‘feminist’ and ‘gender’. Swain’s (1995) seminal paper *Gender in Tourism* in the *Annals of Tourism Research, Special Issue in Gender and Tourism* provides a detailed overview of the historical evolution of gender in travel, and sex and gender roles in tourism in the widest possible sense. Other scholars applied a gender framework to tourists, hosts and the construction of tourism, especially in marketing (Gibson, 2001), or redefined existing gender roles in tourism to facilitate more gender equity in future tourism developments (Timothy, 2001). Pritchard and Morgan (2000), for example, applied a gendered framework to the very specific world of global tourism advertising and identified the concept of unbalanced power relationships 1) in the location of the top ten advertising agencies (in developed countries), 2) their resistance to social science investigations (‘70% of all advertising targets women yet the vast majority of campaigns are designed by men’ [p.124]) and 3) their tendency to ignore opportunities represented by cultural diversity (p.122). Kinnaird and Hall (1996) examined touristic processes critically from a gender-aware framework and concluded that although there are seemingly benefits for women in tourism-related activities, traditional gender structures extend to such enterprises and may, in the long-term, even hinder the improvement of women’s lives and position:

if we accept that the tourism industry and tourism-related activity involve articulations of power and control, then we must be able to rethink our own analyses of tourism-related impacts at the local level... (p. 99),

a warning very pertinent to the topic of this current study. Flacke-Neudorfer (2007) highlighted this problem in a case study from Northern Laos where community-based tourism organisations and agencies use the traditional role of Akha women, an ethnic minority, as the basis for maintaining and enforcing traditional gender roles, arguing that this way culture and traditional societies are protected. However, the women themselves, against the wishes of agencies, have taken on non-traditional active roles in tourism, in order to gain an adequate income. This causes tension among all stakeholders.

One of the main goals of ecotourism and also of sustainable development is to benefit local communities. As Scheyvens (1999b) pointed out, the benefits must be felt by all segments of the population, including marginalised groups. In many societies and despite representing half of the population, women can be classified as marginalised, of lower status and with little control over community life. Interestingly, a number of books on ecotourism do not list 'women' in their indices, nor do they address women in connection with alternative tourism.

Why should women in developing countries be a target of greater interest, especially in connection to tourism? First, the link between women's status in their respective societies and their poor health status has been superbly demonstrated by Santow (1995; see also Fort, 1989). If tourism, embedded in the concept of sustainable development, is able to improve women's status due to employment, own income and improved education, not only will their own health improve but also the health of their families and their communities (UNICEF, 2006). Second, in many societies, women are the people with the best knowledge of their natural environment and the custodians of traditional knowledge (Scheyvens, 1999b), both attributes crucial for ecotourism businesses. Women's financial prowess is indicated by Antrobus (1992, as cited in Wilkinson & Pratiwi, 1995, p. 287): 'women's multiple roles place them in the best position to balance social, cultural, ecological, and political goals with economic growth, because women are not confused about the fact that the purpose of economic activity is to satisfy human/social needs'.

How does tourism in developing countries impact on women's lives? Scheyvens (2002a) proposed that 'we should not see women, ... as a static entity who are "impacted upon" by tourism; rather, they will be influenced by tourism, but they will also respond to tourism in various ways...' (p. 123). This statement anticipates the possibility of a positive outcome for women but it could be argued that even in some societies where women may indeed be able to 'respond', some impact would have had to be there first to trigger that response which, in the best case, would be deliberate and planned, in other cases a mere reaction to facilitate survival. Often women's roles in mass tourism may be simply an extension of their traditional role as carer for children and family, as cooks,

room-maids, laundry-women, cleaners and other menial, low-paid occupations. In South Africa, Koch and Massyn (2001) observed very clear roles of self-employed tourism workers depending on gender and race: black and coloured men dominated the taxi business, white and coloured men the hospitality and entertainment sector, whereas street vending was the domain of black females, giving income opportunities particularly to older, less skilled, single or divorced women. Alternative, small-scale tourism may allow some women to pursue other opportunities such as producing goods for sale to tourists, or start a small business such as a tea shop, as a culture broker, lodge owner and so on. Scheyvens' (1999a, 2000, 2002a) framework of four types of empowerment serves as a useful structure to examine tourism's advantages and disadvantages for women in developing countries.

Economic empowerment. The impact of income-generating activities on women's and community health has been demonstrated in many case studies (see, for example, Manderson, Mark, & Woelz, 1996). At first sight, tourism offers an abundance of opportunities to generate some form of income. For scholars, this realisation may be relatively recent in relation to international tourism but local women have taken advantage of tourism, predominantly domestic tourism, for much longer as the example of Andean women in the 1960s and 1970s shows, where they worked as cooks, kitchen assistants, launderers for local hotels, waitresses, or even owned 'businesses' by renting out rooms or operating stores (Bourque & Warren, 1981). The authors described how some women claimed to be now far more worldly and far better than their menfolk in striking a fair bargain. Elsewhere in Peru, current rural development strategies emphasise the return to traditional technology including opportunities for women's small-scale enterprises (Kendall, 1997), a potential link to tourism activities. In Bali, women's employment in the trade, hotel and restaurant sector increased from 1971 to 1990 by 143% and in the craft sector by 372% in the same time (Ranck, 1992, as cited in Cukier, Norris, & Wall, 1996). However, one always needs to remember that most tourism-related jobs for women are still within the realm of the classic gender role, low paid, casual, informal, with little career prospects, but often involve strenuous, monotonous tasks and long hours. And often, women are still dependent on men to price their goods (Grekin & Milne, 1996), or on other power structures, such as financial

institutions, the requirements of which may be difficult for women to meet, as an example from Peru demonstrates (Buvinić & Berger, 1990).

Psychological empowerment. Gainful employment is seen as increasing women's self-esteem, and feelings of pride and self-worth. Providers of tourism jobs for women often use this benefit to justify their job offers, however poor the working conditions may be. If income generating employment allows women to have greater control over their finances, more independence, a greater role in decision-making at family and community level, and they are seen as worthy partners of financial institutions, then this is, indeed, a powerful boost for women's self-esteem. Cone (1995) used the life stories of two Mayan craftswomen to explain how their tourism-related work allowed them to re-define themselves ('self-construction'). Women may also benefit from the cultural exchange with overseas visitors, an area lacking in research. However, the opposite could happen if the women's obligations, traditional roles and spiritual development are affected by work in tourism (Scheyvens, 2002a).

Social empowerment. Contribution to a family's and a community's welfare can raise women's status in society, leading to greater respect and more freedom. However, unequal work opportunities, with better paid, higher status jobs going to male applicants, can also create even greater inequalities, devaluing even more the traditional low-paid casual employments taken up by women. Although a change in traditional roles can be seen as positive by some, the abandoning of traditional female roles in a society in order to pursue more lucrative opportunities in tourism can also be viewed negatively (Ghimire, 2001; Kaosa-ard, Bezic & White, 2001), perhaps most so by men and older people in the community. In addition, certain jobs are not viewed favourably in traditional communities, such as women as tourist guides in Indonesia (Wilkinson & Pratiwi, 1995), or women as commercial masseuses in Thailand (Kaosa-ard, Bezic & White, 2001). On another note, Swain (1993) highlighted the case of indigenous tourism employees, warning that 'potential effects of ethnic tourism range from exploitation to empowerment of the ethnic groups within the state and of women ethnic art producers within the ethnic group' (p.33).

Political empowerment. Increased status may also facilitate women's greater involvement in decision-making, not only at family but also at community level and in local government. Walker, Valaoras, Gurung and Godde (2001), referring to mountain-based tourism in Nepal, found that despite the opportunity for income through tourism, women may still not be able to control the finances or participate in decision-making, an observation shared by Berno and Jones (2001) in the South Pacific. However, women may also find that as people with income, they are able to negotiate better working conditions or contribute to decisions relating to community welfare (Lama 1998, 2000), and they certainly gain more political power if they manage to get together as a group and start tourism-related projects.

Health issues have not been part of the empowerment framework, and also have so far been under-represented in the literature on women's employment in tourism. Although increased income does have a potential positive effect on women's and their families' health due to the ability to purchase more and better food, to participate in educational opportunities for themselves but also for their children, especially girls, and to have access to paid health care, one must not overlook that employment in tourism or elsewhere does not normally replace the traditional work at home or in the fields. Even if tourism is an extension of work performed at home, most women's workload has doubled (Ghimire, 2001; Loewenson, 1999) or even tripled when, as in Latin America, community obligations are part of women's duties as well (Casellas & Holcomb, 2001). Wilkinson and Pratiwi (1995) explain the attraction of informal sector jobs as 1) not requiring special skills, 2) requiring little or no start capital, 3) the job can be a second occupation and 4) there is no need for government permits (p. 292). This, however, also means no monitoring of work-related health issues, occupational health and safety regulations and insurance in case of injury, illness or death. Occupational health issues arising from informal women's work internationally, but especially in developing countries and in relation to trade liberalisation and globalisation, have been of great concern (Loewenson, 1999; London & Kisting, 2002; Santana, Loomis, Newman, & Harlow, 1997).

This review of literature on women in tourism demonstrated that tourism can indeed

bring benefits to women who would otherwise be locked in a dependent, underprivileged situation. However, it also showed that the benefits do not come automatically and, in some cases, could cause more problems by undermining women's status or increasing their workload. Scheyvens (2002a) suggested three key questions for stakeholders to ensure gender-sensitive tourism development: Who has access and control over resources used for tourism projects?, What are men's and women's roles in the community?, and Do men and women share decision-making and economic benefits? In addition, one should demand that any examination of health impacts includes women's involvement in the tourism venture to ensure that the benefits promised to them do materialise. Of course, women are not a homogenous group, and assessing benefits or disadvantages to them and ultimately to their health depends also on what they see as important. Perhaps the feeling of pride, independence and being in control outweighs a multiplied workload. However, culture, social structure, and traditional perceptions of gender roles, among others, are different in different places and must inform such assessment. Taking away employment opportunities because of concern of Western sensitivities-influenced perceptions can be seen as patronising. Perhaps one needs to accept that in some areas, for now, it might be sufficient if women report tangible benefits, rather than insisting on them being in control.

Tourism and Indigenous People

One of tourism's great fascinations is the opportunity to see other cultures. From an anthropological point of view, indigenous tourism involves the 'Four Hs' (Smith, 1996): the interrelated aspects 'habitat (geographical setting), heritage (ethnographic tradition), history (effects of acculturation) and marketable handicrafts' (p. 207). These facets allow the interested tourist to experience 'a micro-study of a man-land-relationship'. As an aside, this is reflected in the assumption (marketed conveniently by the ecotourism industry) of indigenous people as ecological stewards of the land, a notion Fennell (2008) questions based on historical traditional land management practices. However, depending on the type of tourist seeking this experience, the interest in other cultures is often reduced to curiosity, even voyeurism (Hinch & Butler, 1996). Even today, in most instances, a traditional master/servant dependency is maintained, e.g. Western tourists

are served by indigenous waiters, or staged inauthentic performances of traditional customs are consumed as part of a package. Much criticised as a new form of imperialism (Nash, 1989) or neo-colonialism, indigenous tourism is vulnerable to exploitation, as tourism, a global industry, takes powerful control over tourism products, no matter what type.

External control mostly lies in marketing, transport, tourist expectations, management of funds, and so on. Over the years, indigenous people's self-determination has been accepted as important as well as the need to keep the benefit of a tourism product (i.e. no leakage back to foreign countries), not only the costs and impacts. Indigenous tourism has been seen as one way of combatting indigenous poverty (Johnston, 2000; 2003). With some notable exceptions (Meisch, 2002), most of the over 300 million indigenous people in the world are more likely to be considerably poorer than their non-indigenous countryfolk (McNeish & Eversole, 2005a). This applies not only to monetary possessions but, among others, to access to safe water, sufficient food, appropriate housing, and education. To achieve a more sustainable economic improvement, well-managed tourism operations rather than logging, mining or oil exploration, seem to be the modern way to indigenous people's self-determination. In addition, culture as a marketable asset brings in money which, in turn, can be used to preserve the very culture. Crafts and artifacts allow locals and tourists to be part of a complex cultural communication (Ateljevic & Doorne, 2003). Furthermore, hopes are placed on indigenous tourism's two-way educational value (Hinch & Butler, 1996).

True indigenous tourism products are indigenous-owned/operated. However, it is interesting to note that such products need to meet non-indigenous standards to be marketable. Examining the now considerable literature on indigenous tourism, the vast majority, albeit with the best intention, is written by non-indigenous people from a Western perspective. Strongly supporting indigenous people and their 'empowerment' and 'development', indigenous operators will still have to comply with Western expectations to be part of the global economy. It seems that the historical power imbalance has only gone into hiding. However, attempts have been made to conceptualise how indigenous people may be part of the global industry, yet, keep

control over their involvement. For example, the Indigenous People's Cultural Opportunity Spectrum for Tourism (IPCOST) model (Sofield & Birtles, 1996) allows indigenous communities to catalogue the touristic opportunities of their culture, assess if they have the capacity to implement cultural tourism, and decide if and how to progress, so that social and cultural values as well as economic aspects are considered. In Australia, half of all international visitors had indigenous experiences, mostly in terms of art/craft or cultural displays, and for 20%, the indigenous experience was the most important reason to visit the country (Tourism Research Australia, 2007). However, this does not mean that indigenous disadvantages and dependency are necessarily averted (Dyer, Aberdeen, & Schuler, 2003). It has been argued that tourism, including control and participation, should be indigenised where the tourism product clearly consists of indigenous elements (Din 1997) as it does in most developing country destinations. Today, numerous indigenous tourism projects (Zeppel, 2006) and cultural tourism projects (WTO, 2006a) can be found around the world.

Summary

With the current spotlight on poverty, it was timely to offer a more detailed critical account on this issue and on the position of the main players in the global poverty elimination industry. This chapter also adopted a critical perspective when analysing the changing approaches, and corresponding rhetoric, to poverty elimination depending on the prevailing public opinion of the decade. This reminds us of the changes in ideological 'platforms' during the evolution of tourism as described in Chapter 3. Tourism's role in poverty reduction, especially relating to the industry's growth in developing countries, has been embedded in a range of approaches which still, largely, subscribe to economic models and maintain the structural inequalities blamed for the persistence of global poverty in the first place. Community-based tourism examples, focussing on location and on vulnerable populations conclude the chapter after a reminder of the link between poverty and health. How tourism affects local people's health will be outlined next.

CHAPTER 6 - TOURISM'S HEALTH IMPACTS ON LOCAL COMMUNITIES

For over two decades, tourism's impacts have been examined predominantly from a social, biological or economic sciences' point of view, culminating in the now standard classification of 'economic, environmental and socio-cultural' impacts. Little can be found on these impacts' implications on local health, or on work originating from within health disciplines. It has been proposed earlier (Bauer, 1999) to examine tourism's health impacts in terms of indirect and direct impacts. Indirect are those arising from the classic three listed above, and direct are those where an immediate link is obvious between tourism and the health status of a local individual, group or population. This framework will be used for convenience, and to maintain consistency in the presentation of the topic. It also fits nicely with a development in the corporate world over the last 10 years or so: 'sustainable capitalism', where businesses are required to be accountable for current performance and future targets against the 'triple bottom line': economic prosperity, environmental quality and social justice (Elkington, 1997). More recently, and particularly with indigenous tourism involvement, a fourth dimension has emerged and will be added here, namely the political impact of tourism.

Indirect Health Impacts

In this section, literature on these four impacts will be presented demonstrating the link to potential or actual subsequent health implications. Research-based literature is used where available but its scarcity requires supplementation with theoretical work, scholarly opinion pieces and my own data. Also, it is important to be aware that, although impacts are treated as if they were isolated entities, in fact, they all overlap and interconnect, even more so where subsequent health issues are concerned. Furthermore, health and well-being is often primarily understood as physical health. In the context of tourism's health impacts, especially the indirect impacts, the inclusion of mental health issues is of great importance. Mental well-being often seems to be given less importance, perhaps because changes are more difficult to observe, at least for those who are not trained to

look for them.

Economic Health Impacts

For Western agencies, operators, and businesses involved in the tourism industry, the driving force is profit, first and foremost, and then for more modest development of destination nations. Virtually all literature dealing with economic impacts focuses on the generation of foreign exchange and the creation of employment (Archer & Fletcher, 1996; Jafari, 2001; Sadler & Archer, 1975), with income then percolating to the public sector, businesses and private households. The idea that income from tourism developments, mainly through taxation, can be used by the government for improved infrastructure and services for the greater good for all is based on modern economies. In developing countries, the poor in the periphery do not pay taxes in the conventional sense, and the distribution of foreign income concentrates on already wealthy centres. Focussing on developing countries, the 2007 reader *Tourism in Developing Countries* (Huybers, 2007) compiles 34 papers published between 1974 and 2004, the vast majority covering economic issues. With more disposable household funds, locals are able to afford better food in appropriate quantities (but also more junk food), children can be sent to school for longer, and medical care may become affordable. However, it can also mean that domestic prices soon render goods, services and land out of reach of local consumers. This does not even include the leakage of foreign currency back to tourist-originating countries in the form of payment for hotel chains, airlines, travel agents, and imported food and goods. Conversely, applying the effects of globalisation, a study in Indonesia (Sugiyarto, Blake & Sinclair, 2003) concluded that tourism can increase the availability of products and, hence, reduce prices and improve welfare. An earlier Jamaican example (Hundt, 1996) suggested that tourism development had increased prosperity and improved people's health status, but that tourism-generated funds were not used toward the improvement of the health of those in the population who need it most. This shortcoming can be seen in many places around the world where tourist dollars have not changed the health status of the marginalised (Sindiga, 1999). More than 20 years ago this discrepancy was noticed in Cuzco/Peru when Wolff, Pérez, Gibson, Lopez, Peniston and Wolff (1985) claimed that taking the nutritional status of

children into account, tourism generated income did not percolate to everybody in the general population. Since Hiram Bingham reported on his visit to Machu Picchu in 1911, the Cuzco area has developed into the number one tourist attraction in Peru, if not in all South America. But even today, with over ½ million visitors in 2008 (MINCETUR, 2009) the area remains poverty stricken.

The importance of tourism for the local economy has been demonstrated in Mexico (Serio-Silva, 2006) where local employment was the major beneficiary of tourism, and the lives of all, from boat operators, car washers, vendors, to hotel and restaurant owners and staff and their families had improved considerably. Although the creation of employment is good for locals, seasonality and the availability of predominantly unskilled and menial jobs (Jafari, 2001) take the gloss off this benefit, and may leave people in a worse state than before. A less obvious negative economic impact on local health is the fact that qualified nurses (Loyal & Feuerstein, 1992) and other health professionals leave their jobs for more regular working hours and/or better pay in tourism, a move observed on a flight where about half the crew were qualified nurses (personal communications with crew members, 2004). Another health concern arises when people leave their traditional farming and fishing activities for seemingly easier jobs in tourism (Mathieson & Wall, 1982), neglecting local food production (Bauer, 2003). The link between food production and tourism has been studied in some detail (Bélisle, 1983; Telfer & Wall, 1996). Food imported for tourism but also available for locals can be a disincentive for local food production (Weaver, 1998), or agricultural land is used up specifically to grow food preferred by tourists rather than food for locals (Bélisle, 1983). In Bali, agricultural land has been used for hotel construction and rice is now imported (Berger, 2004). On the other hand, a particular if rather exceptional economic success story relates to the indigenous and mestizo inhabitants of Otavalo and surrounding areas in Ecuador (Meisch, 2002) built on the global marketing of their unique textiles.

The ‘demonstration effect’ has been discussed in the literature on economic and socio-cultural impacts (Mathieson & Wall, 1982). It was once used to defend tourism benefits by saying that if locals were brought in contact with tourists’ ways of life, they too would

want to work hard to better their lives. The subsequent rise of resentment was discovered only later (Sadler & Archer, 1975). In addition, the unequal opportunities available for locals, e.g. some members of the community get a job, or share in a development, some not, are responsible for opening a gap (van den Berghe, 1992) creating an economic imbalance and a local élite (Weaver, 1998). This destroys the traditional balance of relationship and profit that exists in some cultures. That means, income is accumulated without the acquired debt to reciprocate (van den Berghe, 1992). Resulting feelings of mistrust, jealousy or betrayal can add to intra and inter-community tensions and influence general well-being. Furthermore, wage economies may impact on indigenous people negatively when a traditional link to land and nature as a life world is destroyed for short-term monetary gain (Hinch & Butler, 1996).

In this context, two types of tourism behaviour need to be mentioned: tipping and haggling. In cultures of reciprocity-based exchange of goods (Berno, 1995), such as in the Pacific Region, tipping is frowned upon as this gift needs to be returned at some stage, and the tourist's tip at departure (some well-meant, some patronising) places the hotel employee in a state of distress (and eternal debt) as reciprocity is out of the question. On the other hand, tipping gives employers a good excuse to pay below minimum wages. When it comes to haggling, the few cents bargained down hard may have just been the amount needed for the only meal of the day for the vendor and his family.

Tourism has also been credited with improving infrastructure in remote destinations. Improved facilities, or improved roads to facilities are of benefit to locals. However, they may end up with the burden of maintaining the infrastructure if a development fails. Often, they do not have the means to do so, and may end up worse than before. A cultural village provided income for the Kenyah Dayaks in Borneo to live more comfortably and envisage a better future for their children. Yet, the infrastructure built to get tourists to that particular place was not maintained, nor did the locals receive any other improvements, such as water supply or telephone, resulting in tensions and resentment against tourism (Schiller, 2001). Goa in India has long been a show case for the failure of tourism bringing prosperity to locals, let alone having any other benefits. Having

started as a hippy centre in the 1960s, and making headlines in 1987, when German charter tourists were greeted with flying cow dung and 'go-home' posters, the local population can show few improvements of their lives. Not only has their health not improved but local tax payers also had to fund the tourists' free medical services (D'Sousa, 1985). By the end of the 20th century, fewer than 10% of Goans have benefited from tourism and the list of concerns seems endless (Noronha, 1999).

Strategies and policies to alleviate poverty through tourism have been discussed in detail earlier in this thesis, and it appears that efforts to extend current tourism products with a view to creating opportunities for the poor have been met with great interest. A secure livelihood and modest prosperity to meet the daily needs including ensuring good health for the whole family would be an indicator for success. How such restructuring survives in the competitive industry remains to be seen. Unfortunately, locals are seldom warned of the devastating consequence of a reliance and dependence on tourism when, for some political or economic reason, the tourists stop coming.

Environmental Health Impacts

It was awareness of tourism's environmental impacts that resulted in the formation of the cautionary platform that Jafari (1989) identified, leading to the creation of alternative tourism models. Over the years it has been demonstrated that although impacts do not happen solely in developing countries, problems arising from even seemingly small disturbances are in the end more numerous and more severe there (Weaver, 1998) because usually more fragile environments are affected, such as desert vegetation, rainforest fauna and flora, or locations of rare biodiversity. In addition, even alternative tourism approaches, such as Pro-Poor Tourism, are anthropocentric. It is the rich who decide how environment is used, and the poor who suffer the consequences (Chock, Macbeth, & Warren, 2007).

Tourism can have beneficial effects on the environment when, for example, tourism income, such as entry fees, licences, and general spending, is invested in local environmental education and planning, or for environmentally appropriate infrastructure

like suitable sewage systems, a change in domestic cooking fuel, or safe tourist facilities which benefit local health as well. Also, tourism provides an economic incentive to preserve natural habitat (see Carse, 2006) and flagship species in a sustainable manner, rather than using them for logging or mining, or collecting or killing to extinction. Although indigenous people's link to nature and land makes them the prime candidates for valuing the environment, poverty may make a short-term income from environmental resources very attractive. Furthermore, tourism can help rehabilitate previously damaged areas through reforestation, trail maintenance or cleaning waterways. Visitors putting a high value on natural attractions can persuade locals to increase the attention paid to the local environment, not only as a source of steady income but also as a source of pride and, providing clean air and water, a source of health. Local support to protect areas is vital, and there is a need to include local people in the management of their attractions (Madan & Rawat, 2000; Nepal, 2002a, 2000b; Stronza, 2007). Combined with suitable education about the protection of their environment, a feeling of ownership and appreciation of their land, even if used by outsiders, can increase people's physical and mental well-being. The vision that global tourism could 'become a vehicle for investment in environmental health programs and secure improved health for all' (Hellen, 1995, p. 154), however, has not yet materialised.

Unfortunately, the list of negative environmental impacts and subsequent potential health impacts is much longer, and little change can be seen between the concerns described in the 1980s and 1990s, and today. A major problem is pollution of air, soil, but predominantly water. The lack of appropriate systems for sewage and waste management, exacerbated by a larger influx of additional people, means that tourism developments often use rivers or the sea for the disposal of waste water or garbage (Maurer, 1992). On the one hand, pollutants accumulated in fish and seafood render them risky for local consumption, especially if this is the only source of protein. On the other hand, swimming, bathing, or working in polluted water can lead to ear, eye, skin and gastrointestinal infections. Herbicides and pesticides used for golf courses (Weaver, 2006) or landscaping can enter the local freshwater supply; and redirection and generous use of freshwater for hotels, swimming pools and landscaping can leave locals with less or no clean drinking water, posing further health risks. Insufficient water to irrigate local

crops affects the availability of food (Maurer, 1992, Madan & Rawat, 2000). Where water is seriously limited, such as the rare waterhole in a desert, or where a pristine creek is crucial to maintain a fragile habitat, (eco)tourists' use of soap and shampoo can be devastating.

Lacking suitable waste disposal facilities, garbage disposed of by tourists can also create public health concerns, not only because of the impact of its unaesthetic appearance on people's minds but it can also harbour disease-carrying rodents and insects. Evidence of garbage spoiling the environment has been described in fragile places as diverse as the Amazon (Harrington, 1993) or the Mt Everest region (Noguchi, 2000). Carelessly discarded garbage can also cause cuts and lacerations, and potential infections which is of concern if medical care is not available or affordable.

A further problem are changes caused by the removal of vegetation (forest, mangrove) to make way for hotels, sport facilities or touristic infrastructure. Resulting landslides, avalanches or floods endanger lives, livestock, homes and crops. For example, a Peruvian mayor's recent attempt to get more tourists to a little known ruin in the mountains by building a badly engineered road resulted in the loss of homes and lives (personal observation, 2005). Also, if land clearing happens in areas endemic with vector-borne diseases, such as malaria or yellow fever, the risk of contracting the disease increases dramatically, as seen in the Solomon Islands (Rudkin & Hall, 1996a). In the same country, local tourism employees were exposed to extreme weather, such as cyclones, because resorts were built on idyllic beaches open to the brunt of natural forces (Rudkin & Hall, 1996a). Soil degradation can also happen through unplanned trails and treks, building structures on steep slopes, plucking vegetation or collecting rocks. The effects of cutting firewood along trekking routes, especially where it is customarily already decimated for domestic purposes, has been demonstrated in Nepal (Jefferies, 1984) and other areas. Finally, human-wildlife interaction may change animal behaviour posing a subsequent risk to local people (Mishra, 1984). Sloth bears, tigers (Easow & Tuladhar, 2007), wild pigs and rhinoceroses (Nepal & Weber, 1995), elephants buffaloes and others cause death or injury.

More recently, attention has been drawn to ‘induced’ environmental impacts (Mowforth, Charlton, & Munt, 2008). These impacts are caused by locals benefiting from tourism financially, but the outcome of this very benefit turns them into polluters themselves. Practices frowned upon in industrialised countries, such as disposing of batteries or plastic bags in rivers, or using dangerous pesticides, persist because the required infrastructure and specific education did not keep up with the arrival of the perks.

Socio-Cultural Health Impacts

This category has been discussed widely over the last 25 years (Cater, 1987; King, Pizam & Milman, 1993; Mathieson & Wall, 1982; Pearce, 1982, 1994; Rajotte, 1987; Reisinger, 1994; Swinglehurst, 1994, 1998). Tourist-host encounters have the potential to bring cultures together, foster mutual understanding (Hinch & Butler, 1996), remove prejudices and result in the preservation or revival of local customs, art and craft, hence, promoting cultural pride (Ingles, 2001). These positive arguments for cross-cultural tourism, however, seem to be outweighed by documented and anecdotal evidence that tourism’s impact on society and culture in developing countries is mainly perceived as negative.

Social and cultural change applies the world over as part of modernisation and development but it seems more prominent and more negative when people from different backgrounds meet in artificial encounters, such as in tourism. Indigenous people have felt obliged to live and behave in certain ways because of tourist expectations (Zeppel, 1997). They may not wish to be part of an ethnological zoo for the benefit of foreign gazers. Tourists are then irritated when the locals do not meet the expectations of advertised keepers of tradition (Meisch, 2002). As a caveat, the lamented negative change may in some cases only be in the eye of the academic observer, as perhaps a change should only be seen as negative if the communities in question perceive it that way.

However, often, local people do see their own society suffer from foreign contact. The ‘demonstration effect’, where locals try to imitate tourists not only in terms of language or clothes, but also in lifestyle, behaviour and food choices (Bleasgale, 2006; Jafari, 2001) can have negative health implications, though research evidence for changing

consumption patterns due to tourism is weak (McElroy & de Albuquerque, 1986). Particularly a change in lifestyle and food preference may lead to obesity, diabetes and hypertension where previously such conditions were unknown, such as in the Mexican Yucatán peninsula (Pi-Sunyer, Thomas, & Daltabuit, 2001). At the same time, loss of cultural identity and changes in traditional lifestyle can put people under considerable stress, as can inter-generational tensions in families and communities. Of constant controversy is the topic of begging, especially when children are so accustomed to receiving money, sweets, pens or other items from delighted tourists that they become professional 'requesters'. This multifaceted and complex issue cannot be discussed here in detail but has become of great concern to families and governments. Randomly handing out goods the child's family cannot provide not only increases the perceived distance between rich tourist and poor local, but undermines parents' authority and fuels their concern that this practice encourages a lifestyle of begging or expecting hand-outs. The usurpation of cultural property and identity, commercialisation of rituals, such as Balinese funerals (McLaren 1998), or festivals in Guatemala (Gibson, 2003), and profiteering from the use of 'indigenesness' (Johnston, 2000) is as stressful as the staged authenticity of performances (Schouten, 2007) for the tourist dollar. The inclusion in the tourism product of sites sacred to local people, from large flagship sites such as Machu Picchu in Peru, the Table Mountain in South Africa (Johnston, 2000) or Uluru (Ayers Rock) in Australia (Robinson, Baker, & Liddle, 2003), to small local sites centring around a tree or a cave, is usually done without local consent, and inappropriate use and destruction by wear and tear can be highly distressing to indigenous locals.

Finally, tourism behaviour (Evans, 1994), gestures or mimics, intentional or thoughtless, may nevertheless be perceived as patronising, ridiculing local custom, disrespect, revulsion or disapproval and cause ill feeling, disappointment, alienation and a perception of insult. Yet, combined with a perceived powerlessness and exploitation, a resulting increase or appearance of alcohol and substance abuse, violence and prostitution has been observed around the world (Mbaiwa, 2004; Ruiz de Chávez, Jiménez-Aguado, Márquez-Laposse, & Alleyne, 1993). A more recent phenomenon of commercialisation of sacred rites and its subsequent distress to local people is presented next.

Drug Tourism - Sacred Rituals as Tourism Product

Concern with the commercialisation of sacred rituals including shamanism has been discussed in various parts of the world, such as the Americas, Tibet, or Nepal. More recent is the increase of what some call ‘drug tourism’ (Dobkin de Ríos, 2005) where, similar to the hippies in the 1970s on their way to India for high grade marijuana, tourists travel for the purpose of drug taking to experience local culture (Uriely & Belhassen, 2005), be it for cannabis in Amsterdam, for peyote in Mexico or San Pedro in Peru. The perception of risk in drug taking may be altered when on holidays, and when substances are consumed within some cultural context (Uriely & Belhassen, 2006), justifying the experience.

Hallucinogens have been used by various native peoples around the world for thousands of years (Furst, 1972, 1976; Furst & Schaefer, 1996), predominantly for spiritual, ritual and healing purposes, and mostly by designated healers or shamans. From the early 20th century, anthropological, botanical and pharmacological descriptions of plants and substances, especially from the Americas, created a strong interest in different possible uses of hallucinogens. Three plants shall be named here for their link to modern tourism, peyote (*Lophophora williamsii*) a cactus found in Mexico, the San Pedro cactus (*Trichocereus pachanoi*) in Peru, and Ayahuasca (*Banisteriopsis caapi*), a brew from a vine and additional plants, originating from the Brazilian, Colombian, Peruvian and Ecuadorian Amazon regions. Anthropological publications (Furst, 1972; Reichel-Dolmatoff, 1972; Sharon, 1972) coincided with the interest in psychedelics toward the end of the 1960s, only surpassed by self-reports of mind-altering experiences, such as Carlos Castaneda’s *The Teachings of Don Juan* (1968), today treated as fiction rather than fact, or best-selling novels, such as *Playing in the Fields of the Lord* (Mathiessen, 1965). Such accounts may have given the still fledgling New Age movement a considerable boost, and hallucinogenic plants, sacred to indigenous peoples, have been utilised for some time in the search for alternative spiritual meaning. To circumvent legal problems at home, and to experience hallucinogenics in a setting perceived authentic, travel to such locations has grown exponentially over the last few decades, as indicated by the increase of such travel packages. Alternatively, people take advantage of

opportunities offered at the destination. Although some recent self-reports seem to attempt some genuine exploration of Ayahuasca use (Wilcox, 2003), others published in adventure magazines on the use of peyote (Salak, 2002) or Ayahuasca (Salak, 2006) illustrate the potential thrill-seeking quality of the experience. Even guidebooks remind travellers of local opportunities (Benson, Hollander, & Wlodarski, 2007).

Little published information is available on the link of tourism to peyote or San Pedro use, although critical accounts of foreigners partaking in peyote rituals exist (Furst & Schaefer, 1996). Therefore, the focus here is on Ayahuasca. 'Ayahuasca-tourism' (McKenna, 2004) to the Amazon jungle seems to have become popular, but those unable or unwilling to travel that far can have the experiences in relative comfort in Cuzco, the major tourism centre in South America. Here, anyone can take part in touristic experiences as numerous business cards advertise: 'Share the experiment in the drinking of Sacred Plants (Ayahuasca, San Pedro and Others)' [*unedited*] or a 'Vision-Quest with Ayahuasca and San Pedro'.

The therapeutic potential of Ayahuasca has been studied for physical treatments (McKenna, 2004) and assumptions of spiritual healing have been made (Winkelman, 2005). This review will not enter a debate as to what degree the use of Ayahuasca is genuine or not. Of importance is that sessions with Ayahuasca, as any other mind-altering substance, should be guided by a genuine shaman who, after years of strenuous apprenticeship, including restricted diet, total sexual abstinence and isolation in the jungle, will observe strictly the rituals within their cultural context (Demarchelies, Curni, Ciccio, & Giulietti, 1996; Dobkin de Ríos, 1994a, 1994b, 2005, 2006; Dobkin de Ríos & Rumrill, 2008; Luna, 1984). Because of the hard training, very few genuine shamans are practising today. Therefore, Western demand created a new profession of fake shamans 'who became overnight healers to foreign tourists' (Dobkin de Ríos, 2005, p. 203). These newcomers have never gone through the traditional apprenticeship but are opportunists and businesspeople extracting extraordinary amounts of money for arranging rituals 'borrowed' from indigenous peoples who do not benefit economically (Dobkin de Ríos, 2005). Moreover, criticism is also directed at the Western tourists who, lacking purpose, values and fulfilment at home, come to search for spiritual, or mystic

excitement, unaware, first, of being taken advantage of by unscrupulous dilettantes and, second, of their role in destroying local cultures (Dobkin de Ríos, 1994b, 2005, 2006). Similar criticism is aimed at foreigners who think they can become genuine shamans in Mexico (Furst & Schaefer, 1997) but such ‘courses’ also exist in Peru and elsewhere. In 2006 in a Peruvian village after two foreign New Age facilities put up shop, I observed the dismay of local people at the use of sacred knowledge and rituals deeply embedded in local culture on foreigners who lack the framework to respect indigenous concepts. Anger was also directed at the commercialisation of rituals by fraudulent ‘neo-shamans’ of dubious background and intention who ‘stole’ from genuine healers for their personal benefit. Here, the issue of intellectual property regarding indigenous knowledge is of particular interest (Luna, 2003) as in the Amazon the concept of communal property prevails (Zerda-Sarmiento & Forero-Pineda, 2002). Hill (2008) provides an interesting critical discussion of racialisation in ‘mystical tourism’ in Peru within the context of the current New Age movement.

Political Health Impacts

Political agencies and governments from local to global level play important roles in tourism, and their administrative decisions have major implications at local level (Scheyvens, 2002a). Again, such impacts create potential health concerns, such as mental stress through feelings of exploitation, deprivation, alienation and oppression. Three issues will be emphasised here. First, intellectual property rights of indigenous people are globally applicable to tourism/ecotourism (Johnston, 2000, 2006), especially in the appropriation of cultural symbols, expressions and images. This can manifest in the depiction of people and objects on mugs, postcards, key-rings, often in a sensationalised, ridiculing or derogatory manner. Violation of intellectual property rights may also occur when local knowledge is exploited commercially. Local knowledge should be incorporated with consent in development projects to create, amalgamated with outsider knowledge, a unique local knowledge that is acceptable to host communities (Gegeo, 1998; McNeish & Eversole, 2005b).

Second, the UN Declaration on the Right of Indigenous People (2007) clearly states that

all states must consider, among others, people's right to recognition of cultural and intellectual property, and the right to self-determination. Self-determination incorporates the right to decide for or against a tourism development and the degree to which cultural assets are shared with outsiders (Johnston, 2003). This includes decisions made together with the tourism industry as to whose laws govern a project, whose standards of consultation apply, or who identifies and approaches affected communities (Johnston, 2006). Deceit and dishonesty can skew people's ability to truly self-determine when, for example, scientists, prospectors or churches enter indigenous land in the disguise of ecotourism (Johnston, 2006; personal observation, 2006). Here one should also mention the politics of representation of a visited people when locals are marketed positively or negatively (Dann, 1997), as noble savages (Deutschlander & Miller, 2003), stone-age people, or headhunters (Zeppel, 1997), to sensationalise a way of living the local people may long have chosen to discontinue, yet, go along with because of the industry's demands.

Finally, the majority of ecotourism sites are located on ancestral land. Indigenous spiritual connection to the land makes the forceful removal of people for tourism developments and creation of exclusions for national parks even more worrying. Examples exist around the world, such as the bushmen in the Kalahari (Johnston, 2006; Linton, 1996), peoples in the Amazon area of Peru (Seiler-Baldinger, 1988) or Brazil (Johnston, 2006), in Goa (Noronha, 1999), Nepal (Johnston, 2006), the Masai in Kenya (Johnston, 2006) or people in Madagascar (Mulligan, 1999). No compensation can make up for the loss of one's spiritual and physical homeland, and adverse impacts on the physical or mental health of displaced people demonstrated by substance abuse, violence or suicide are not uncommon. Today's politically correct employment of consultation, participation and negotiation may still not get it right as Johnston (2000) suggested: 'many indigenous people compare the situation to a burglar entering a home, and then expecting to sit down over coffee to discuss how the owner's belongings will be divided' (p. 92). People are barred from decision making over land use, through fences and barriers, and through unclear title-holdings.

Direct Health Impacts

Much more obvious than the previously presented potential indirect health impacts are those where tourists or tourism directly alter or influence local health. Here, direct transmission of disease, accidents, and local workers' health are of interest. These health problems usually occur much more quickly, and their link to tourism is less debatable. Effects are more observable and the need for medical care is often immediate.

History

Throughout history, human movement was a main reason for epidemics (Cossar, 1994; Wilson, 1995a). Trade routes were, as they are now, corridors along which diseases spread. Europe's Black Death in the 14th century had started around 1320 in the Gobi desert and took 30 years to work its way west where it killed between a third to a half of the population in some European regions (Wilson, 1995b). Venetian authorities suspected ships from the east contributing to the spread of disease and, in 1377, together with authorities in Rhodes, ruled that ship, passengers, crew and cargo be detained off shore for 40 days (*quaranta giorni* = quarantine) before being permitted into the harbour (Cossar, 1996). The spread of fatal diseases to non-immune peoples has nowhere been described better than in the early Spanish accounts of the conquest of the Americas in the 15th century. Local people were not only killed in battle, through hard labour and cruel punishment, but infections, such as influenza and smallpox, reduced indigenous populations dramatically. The subsequent acute shortage of workforce, replenished with African slaves, added more diseases. Not only did yellow fever arrive on the ships from the east but so did its vector *Aedes aegypti* (Cossar, 1994).

Some hundred years later, history repeated itself in the exploration of the Pacific. Historic travel logs do not indicate to what degree the early explorers were aware of their potential role in the spread of infections. Beaglehole's (1934) overview of explorations of the Pacific narrates the discovery of islands and the fate of explorers. Only one reference is made to the 'utter and horrible' destruction of the area's 'primitive freedom from pestilence' (p. 246). Europeans brought syphilis, measles and dysentery. In the 18th

century, the navigator and chart-maker Captain James Cook seems to have been the first to confine ill crew members to the ship to prevent transmission of diseases to the visited natives (Carruthers, 1930). Just hundred years later, the link between visitors and local illness was well known and, indeed, purposefully employed. In 1860, three captains arrived in Port Resolution (today Tanna/Vanuatu) to occupy the island. A Reverend John Paton reported their watchword: 'Sweep these creatures away and let white men occupy the soil'. This was accomplished by locking a local chief for one day in the hold among islanders with measles. The disease then decimated the population conveniently (Alexander, 1895).

The concern about epidemics in non-immune populations is recent and current. In the 1950s, on Easter Island, Thor Heyerdal (1958) witnessed the regular influenza epidemic after the arrival of the yearly supply ship from the Chilean mainland. In the 1950s and 1960s, several mumps epidemics on Alaskan islands were caused by travel from the mainland (Philip, Reinhard & Lackman, 1959; Nelson, 1995). Today, global human movement has left few 'virgin' populations, but partial immunity still makes many native peoples vulnerable to infections. Every now and then, newspapers briefly report on outbreaks after scientists, students, tourists, missionaries or prospectors visit fragile populations but, unfortunately, these events do not seem worthy of scientific documentation.

Transmission of Diseases

Potential direct impacts are mainly those where disease is spread to the host from the visitor who either brought the pathogenic agent from home or picked it up while travelling. Sexually transmitted infections are usually thought of first, anecdotal or evidence-based, as an example of tourist-host transmission of disease to the general population, and especially to tourism employees (Bauer, 2007a, 2008a, 2008b, 2009; Cabada, Maldonado, Gonzales, Bauer, Verdonck, & Gotuzzo, 2007). Specifically sex tourism and its health implications have been discussed in numerous publications. Child sex tourism, including offering virgins for unprotected sex, of course, is not only of concern for reasons of transmission of STIs. Other topics are gastrointestinal infections,

be they bacterial, viral or parasitic, such as giardiasis or worm infections. The lack of sanitary facilities on mountain treks or beaches may put local health at risk. Polluted mountain creeks affect villagers' drinking water. Soiled toilet paper can be observed lying around in many touristic places without sanitary facilities. Small children may be exposed, and the role of domestic dogs eating faeces should be re-visited as a public health concern. The lack of hand washing facilities for tourists (with and without traveller's diarrhoea) and the risk to locals has not yet fully been incorporated in travel health advice. Respiratory infections seem to rise when tourists escape their winter bringing their cold, and sore throats to communities in developing countries. Vector-borne diseases, such as dengue fever or malaria, could be spread by infected tourists moving to an area where the vectors are endemic but not yet infected.

Apart from individual infections, the ease of spread of infections (from low to high) and the impact on hosts (from minor to serious) (Bauer, 1999) needs to be kept in mind to direct limited resources to the prevention of potential infections that cause greatest harm. Finally, the consequences of infection need to be considered. For people with poor nutritional status, limited finances and inadequate housing, who are already plagued by chronic infections, such as parasites, tuberculosis, hepatitis and malaria, and who are sometimes suffering from more than one acute or chronic ailment, an additional infection is of an even greater worry. Lack of access to health care due to lacking infrastructure or funds is a common occurrence in developing countries. Furthermore, poor people's body is their production factor. If they are ill or incapacitated they cannot work and, hence, cannot feed their family, perpetuating the cycle of poverty and ill health.

Accidents

Local people can be harmed in accidents caused by tourists, especially car and motorbike accidents. Tourists driving in a holiday mood, alcohol and drug consumption, being unfamiliar with road conditions (such as lack of lighting, poor conditions, wildlife or driving on the wrong side of the road) and carelessness, can all cause death or injury to local residents. The local medical facilities may not be equipped for more serious trauma. Although such events make newspaper headlines, there may not be adequate surveillance

or systematic recording to determine the extent of such occurrences.

Workplace Health and Safety of Local Tourism Employees

One of the praised economic benefits of tourism is the creation of local employment. Unfortunately, the majority of such jobs are low-paid and menial, often hazardous, with little provisions for health and safety. Guides, porters and hospitality workers shall be discussed here. Literature on local tourism employees' health is extremely scarce. Guides are exposed to a wide range of health hazards either due to the type of activity and its inherent danger, such as avalanches, or due to prolonged stays in areas of health risk, such as snake bites. Mountain guides, like their clients, suffer from altitude sickness, injury and even death, in the Himalayas (Shlim, 1996), the Andes (Bauer, 2003) and elsewhere. Scuba-diving guides are at risk when the income is linked to the number of dives, and the minimal surface interval is not observed. A lack of compression chambers, as observed on Pacific islands (Rudkin & Hall, 1996b), adds to the hazard. Further problems occur when guiding to unsafe locations, such as the top of active volcanoes or to the edge of large waterfalls (Bauer, 1999). In contrast to documented tourist infections with schistosomiasis in Ethiopia (Schwartz, Kozarsky, Wilson, & Cetron, 2005), local rafting guides' increased exposure to miracidia is poorly studied; they are also exposed to accidents and drowning like their customers. Similarly, locals in Brazil are exposed to schistosomiasis in rural natural resort swimming pools and ponds they share with tourists (Enk, Caldeira, Carvalho, & Schall, 2004). In some destinations, tourists expect to be guided to areas covered by taboo. The fear and reluctance to enter must be overcome to earn money. The spiritual and mental distress of this forced breaking of taboos has not yet been studied.

The severe health problems of porters are well known from Peru (Johnston, 2003) or Nepal (Basnyat, Savard, & Zafren, 1999). Inca Trail porters (Bauer, 2003) suffer from illnesses, injuries (even death), hunger, cold, the refusal of medical assistance and abandonment on the trail. Child porters in Nepal are not only exposed to immediate physical risks including alcohol and drug use and sexual assaults, but long-term negative effects on their physical and emotional development and their nutritional and education

status (Doocy, Crawford, Boudreaux, & Wall, 2007). Undocumented deaths have been reported anecdotally from Pakistan and Mt Kilimanjaro. The plight of millions of porters who rarely come into contact with tourists but carry enormous loads of produce from markets to hotels and restaurant kitchens, or luggage to trains and buses, and their health status are unknown.

Many hospitality workers, in the absence of strict work regulations, work very long hours with few breaks and poor wages that are inadequate for them to lead healthy lives (Chock, Macbeth, & Warren, 2007). Some situations indicate a form of modern slavery. Weather patterns and flights schedules often mean that departures from and arrivals at airports and then hotels happen in the very early hours of the morning. Many hotel and transport staff may be on-call rather than on a regular night shift, and suffering disturbances of their circadian rhythm. Health impacts on tourism workers, self-employed or working for somebody else, are of concern as few earn enough to look after their health or to access health care if needed. Workplace health and safety regulations are often nonexistent as are provisions for financial support of employees and their families in the case of illness, disability or death due to their work in tourism.

Measuring Community Well-Being

From the review of the health impacts of tourism it is apparent that assessing them in one location or region must be a formidable task. The question is: Are instruments to do that available? and, if not, Can currently available tools be modified for this purpose? At some stage, Quality of Life (QoL) was used as a basis for assessing well-being. The concept of QoL has provided a background for assessment of health quality based on a 'welfarism' standpoint (Rogerson, 1995). Tools to assess QoL include measurement of factors such as somatic and/or psychological well-being, coping abilities, social relationships, and disability. The specific health-related QoL tools focus on symptoms and outcomes determined by Western health professionals. QoL research has mainly been conducted in a Western context, and only within the last decade. The question of applicability across cultures has been raised in the World Health Organisation Quality of Life assessment tool (Saxena, Carlson, Billington, & Orley, 2001; The WHOQOL

Group, 1998). The tools' applicability for locations outside a Western framework has not been demonstrated for many regions of interest with respect to health impacts of tourism, though Andereck, Valentine, Vogt and Knopf (2007) attempted to determine cross-culturally different perceptions of tourism related quality of life. For unclear reasons, only positive economic, environmental and socio-cultural impacts were examined.

Although social impacts of development, be it modernisation in general or tourism in particular, have been reported in a large body of literature, few discourses on socio-cultural impact are based on research evidence. Cater (1987) attributed this to the difficulty of studying impacts due to their complexity. Social and cultural dimensions are difficult to quantify, go beyond the scoping capacity of many research tools and may be out of the scope of many conventional methods. Twenty years later, there is a large literature on impact assessments without the explicit focus on QoL. The next chapter will present a critical review and examine if they are useful to measure tourism's health impacts and, more importantly, how local input is incorporated in the presented tools or suggested procedures.

Summary

For some decades, the potential implications of policies, programs and projects in an economic, environmental and socio-cultural context have been demonstrated in a large body of literature. This is in contrast to relatively scarce work examining the indirect and direct health impacts and costs originating from such strategies and interventions, here in particular from tourism, costs that the local residents are expected to bear. This chapter classified indirect health impacts into four major areas and continued to present direct health impacts supported by examples from around the world. The chapter ended by alerting to the lack of satisfactory tools for measuring well-being. In preparation for the design of the future TOHIAT, Chapter 7 will concentrate exclusively on the field of Impact Assessment, again, with a critical examination if and how local people are actively involved to make such an assessment meaningful.

CHAPTER 7 - IMPACT ASSESSMENT

Over the decades, various methods have been designed and developed in an attempt to assess the outcomes and long-term implications of events, projects, plans, or policies. At the beginning, such measures were more about assessing a profitable outcome for a business person or developer (economic benefits). Over time, the impacts on various aspects of the biophysical and social environment became of importance, undoubtedly to preserve a sustainable source of business opportunities, but later to demonstrate that potential harms to people and their environment were minimised.

The previous chapter suggested overwhelmingly that many local communities have enjoyed little consideration when confronted with the agendas of large and powerful corporations, organisations and agencies. Consideration of their views and needs are often tokenistic, despite this occurring in areas which espouse the central importance of the community as a collective. Assessing impacts implies that the community is the focus of attention and, hence, both measurement and assessment of impacts must first and foremost consider the community's views, values and perceptions. To see if this is the case, literature on impact assessment has been reviewed. This chapter presents a critique of impact assessments that correspond with impacts discussed in Chapters 3 and 6: Economic Impact Assessment, Environmental Impact Assessment, Environmental Health Impact Assessment, Social Impact Assessment and, finally, Health Impact Assessment. After introducing each area, this review examines the criteria used in developing assessment tools and manuals. It also explores if, when, and to what degree communities were involved in the assessment process, and whether the assessments were completed from an insider's (locals') or outsider's (experts') perspective. Tourism examples are used where appropriate and available. A further aim was to identify any problems or pitfalls encountered by the authors so that they can inform the approach adopted in this project.

Economic Impact Assessment

Some decades ago, corporate or individual developers often pursued projects in communities away from their own place of residence without including the full cost to environment and local people in the ventures' cost-benefit analysis. Those costs were incurred by communities who rarely shared the economic profit. In short, profits were made by some at the expense of others. Even today, spectacular engineering projects make the headlines by serving as examples for 'development' regardless of the social consequences. As discussed previously, the literature on tourism in developing countries over the last decades has focussed predominantly on economic outcomes (Huybers, 2007).

The potential economic benefits of incoming tourism due to the influx of hard currency, the creation of jobs, and tax income have lead to increased efforts around the world to attract more tourism to more areas (Lewis & Jordan, 2008). Tourism as a poverty alleviating strategy for resource-poor countries has been discussed in much detail in Chapter 4. Therefore, this section on economic impact assessments is short and only included for the sake of completeness. Economic impact assessments were employed to illustrate the profitability of planned tourism developments, and the benefits they would bring to the local communities. It emerged over time that one also had to consider negative economic impacts, such as inflation, rising living costs, and the widening gap between rich and poor (Cleverdon & Kalisch, 2000). Fleming and Toepper (1990) argued for detailed impact studies and presented a number of methods to collect appropriate data. As can be expected, such measurements centre around dollar values, but the views of residents are included in their survey method based upon 'willingness to pay', and the referenda method (again ultimately 'willingness to pay' - although based on 'a *partial* reading of the public's opinion for quality of life'(p.40) [my emphasis])). Other economic impact assessments cover the effects of tourism on employments and earnings (Elking & Roberts, 1994) or the impact of event tourism (Getz, 1994), discussing the use of income multipliers. These are coefficients representing how much income is generated in an area or country by an incremental unit of tourism expenditure after subtracting leakages and impacts. In developing countries, especially in small local

areas, multipliers may actually be insignificant (Getz, 1994).

Cost-benefit analysis was initially focussed solely on measuring the projected profit margin of an enterprise to protect the economic interests of investors. However, and also under the umbrella of Corporate Social Responsibility (CSR), most countries now require detailed evidence not only of a project's profitability for investor and local residents but of its costs and benefits to the physical and social environment. In a critical review of corporations' implementation of CSR, Manteaw (2008) found that for the vast majority, this is a 'greenwashing' exercise. He uncovered that corporations use their social influence and economic power to pose as friends in the fight against the common enemy poverty when, in fact, they are dishonest about their motives. Esteves (2008) was also doubtful of the sustainability of investment in the community, especially in developing countries, and provided a Social Investment Decision Analysis Tool to ensure community projects are of value for both the company and the community. The next section reviews tools designed to measure the impacts on the physical environment.

Environmental Impact Assessment (EIA)

The serious disruption of people's lives due to large engineering projects in developing countries and the subsequent demand for prospective investigations lead to the development of EIAs some decades ago. A notorious example is the catastrophic environmental destruction and public health disaster due to oil exploitation in the Ecuadorian Amazon basin described by San Sebastián and Hurtig (2005), and Zaidi (1994). The need for this type of assessment was articulated in the US National Environmental Policy Act as early as 1969 (Chaibva, 1994). Projects subject to EIAs can vary in scale from being very large, such as the construction of major dams requiring the flooding of thousands of square kilometres (for example, the Three Gorges Dam in China), to limited individual projects, such as a hotel or tourism project affecting the environment of a small community. In most cases, the project incorporates construction work and modification of the natural habitat, both of which create change in people's everyday lives and experience.

With EIAs having a reasonably long history, it was hoped to identify crucial information, particularly in terms of verified methods for community consideration, which could provide useful experience for the design of the planned tool. Here, the decision was made to only examine EIAs in general and EIAs in tourism in particular over the last approximately 15 years. Only papers were included whose abstracts suggested that they either presented an assessment methodology or a suitable conceptual background. All literature was scrutinised for its treatment of community involvement. The problem that emerged early on in the review was the lack of a precise definition of the type of impact assessed (e.g., clearly only environmental). Even if defined as ‘environmental’ in the beginning, social and economic impacts were often intermingled and incorporated in the end.

Chaibva (1994), in a brief review sponsored by the Zimbabwe Tobacco Association, made a point for the use of EIA as a tool for sustainable development. The paper details that environmental aspects consisted of natural (physical, biologic and ecological) and human (social, cultural, economic, political) components and their interrelationships. He argued that an assessment should incorporate analysis, synthesis and management. The review ends with discussing the history of EIA in Zimbabwe and the contemporary constraints in implementing such as lack of resources and trained personnel, and it being viewed as an additional bureaucratic hurdle. The connection to local stakeholders (e.g., the social component mentioned earlier) was missing.

Dougherty (1995), in cooperation with the Food and Agriculture Organisation (FAO), prepared guidelines for EIAs of irrigation and drainage projects. Here, the social context in which an EIA is conducted was discussed in some detail because a misunderstanding of the social structure was seen to have a direct impact on EIA and the project in question. Dougherty emphasises throughout the document the importance of the participation of local groups, the requirement for active involvement of the community, and the importance of the consideration of the needs of the poor. He presents an EIA flowchart incorporating what he argues as the fundamental steps of screening, scoping, prediction and mitigation, management and monitoring, and audit. As found in other flowcharts introduced later in the section on social impact assessments, the assessment

process does not originate from the community itself. The document continues to indicate a wide range of risks to health and well-being based on quaternary impacts. It also describes some socio-economic impacts but it does not mention community input nor does it give guidelines to their management. In relation to human health, it refers to WHO's PEEM Guideline 2 (predicting the potential of vector borne diseases in the planning of water supplies) which places emphasis on community vulnerability, environmental susceptibility and the capacity of health services in the event of a health problem.

Because much time can pass between a damaging event and a noticeable change in the environment, Salafsky and Margoluis (1999) proposed a Threat Reduction Assessment (TRA) instead. This approach is based on three assumptions: all biodiversity destruction is human-induced; all threats can be identified, distinguished and ranked in terms of scale, intensity and urgency; and changes in all threats can be measured or estimated (pp. 834-835). They described the three steps of TRA and explained their calculations. One of the advantages of their proposed approach was its sensitivity to changes over a short period of time and also that it can be applied in other disciplines such as health. However, community input did not seem to be of major concern although 'simple social techniques' (p. 839) were briefly listed without further detail.

Relatively early, Yap (1990) examined the applications of EIA in third world countries and argued that the old three-phase system: prepare impact statement, subject it to public review, and accept, modify or reject it, was of little value in developing countries. His criticisms were based on, firstly, that governments had usually already decided to go ahead with the plan, secondly, that public participation required a political role of communities which they often were not given and, thirdly, the lack of quality baseline data. Impact prediction was based on 'historical data, laboratory simulation, controlled field observation, and ecological theory' (p.70). To compensate for this lack of scientific data, Yap proposed the Participatory Impact Assessment and Monitoring (PIAM) model, based on local experiential knowledge. PIAM is centred on community participation during the preparation of an EIA but also in the post-project monitoring; furthermore, the local people provide and collect data. While Yap referred exclusively to the

biophysical environment and listed a number of successful examples of data collected by communities, there is no reason why this approach should not work in other areas or disciplines. Probably the best justification for a flexible approach in impact assessment comes from Yap himself:

PIAM is motivated by the presumption that social instruments such as project planning and EIA are shaped by the culture within which they evolve. To transfer these instruments, unchanged, into fundamentally different cultures is, metaphorically, to insist that the peg is always correct and the hole must be made to fit it. PIAM assumes that it is the instrument that must adapt to new conditions. It is the peg that must be rounded, not the hole that must be squared (p. 72).

To collect data, rapid rural appraisals and participatory research are suggested methodologies. The question still remains if the topics under investigation originate from communities or from developers. Yap cites Roque (1986, in Yap, 1990) who, in a project in the Philippines argued that different questions should have been asked to elicit data. Two of them: How do people value the natural beauty of P.? and What do they think about being replaced from ancestral land? seem to attempt to understand the inert values and beliefs of the people rather than answering questions important to outsider values. Unfortunately, there is no evidence that either Roque or Yap progressed this aspect further.

The United Nations Environment Programme (UNEP) (2002) developed a very comprehensive EIA Training Resource Manual including concepts, aids and 'good practice' materials as a guideline for EIA trainers, especially in those developing countries. It includes in the evolving scope of EIA a number of areas, such as social impact assessments, health impact assessments, risk assessments, public involvement and issues of Quality of Life, poverty alleviation, and sustainable livelihoods. It also advocates that among course participants there should be 'special' groups, such as women and indigenous people. One module of this training course is devoted entirely to public involvement. The different levels of public involvement range from merely providing information (which is a one-sided process and as such not enough), consultation (to survey people's views), more interactive participation, and negotiation

based on ‘joint fact-finding, consensus building and mutual accommodation of different interests’ (p. 163). Local people are discussed in consideration of their unique local knowledge, and their need to be listened to carefully is assumed to be fundamental. However, as the list of 23 involvement techniques later demonstrates, it all happens after the fact, that is, after the idea of a program, project or event has been planned by others. It is unclear if the public responds to a set of criteria decided by the developers or if the public decides on the criteria important to them as a basis for further discussions and decision-making. Nowhere in the manual can the latter be identified. It does, however, consider aspects that could hinder public involvement including poverty, geographical distance, illiteracy, local values/culture, and language. Rather than the token ‘public involvement’, Stolp, Groen, van Vliet and Vanclay (2002) recommend to employ a Community Values Assessment (CVA) as an explicit and separate step before an EIA so that the outcome can be used appropriately during the scoping phase. Unfortunately, this method appears to not having been tested elsewhere (F. Vanclay, personal communication, February 3, 2009).

EIA in Tourism-Related Projects

The important role of tourism for a local economy and the subsequent attempt to increase the benefits even more has contributed to the steady and sometimes uncontrolled growth of tourism. Eventually, destinations of mass tourism have shown a variety of signs of environmental degradation, often being identified as environmental problems requiring attention. This development also led to a new direction in tourism which was supposed to be less damaging, ecotourism (see Chapter 3).

EIAs have been conducted to monitor sustainable developments in general but have become popular in particular in connection to tourism developments. Unfortunately, as Warnken and Buckley (1998) discovered, using Australian studies as examples, the scientific quality of tourism environmental impact assessments is poor. Of interest for this review would have been recent EIA reports from developing countries, however, as summarised in a leaflet, ‘...[some] good relevant EIA reports are produced in developing countries.... Unfortunately, [they] are often confidential and very few copies

are printed. Only a fortunate few are aware of their existence and even less have read them...' (EIA Centre, 2004, p.1).

With the environment being a major product sold by the tourism industry, damage to or destruction of this commodity would destroy the very basis of tour operators' income. Numerous papers in the academic and popular press discussed the breadth of this problem. An examination of this literature also points to a further problem, the lack of a clear definition of 'environmental' impact. Often, economic, social, or socio-cultural impacts are intermingled, all under the umbrella of the environment (e.g., Goodwin, 1995). Excessive water consumption, noise pollution, coastal degradation, use of scarce resources, displacement of people, rising living costs and cultural affronts were grouped together, making structured monitoring of impacts very difficult. In addition, as the Government of St Lucia (1998) pointed out in its Biodiversity Country Study report, there are two major problems in assessing such impacts: first, it is difficult to distinguish between impacts caused by tourism and by other events, and second, the lack of baseline data from pre-tourism times precludes a monitoring of trends directly attributable to tourism. However, tourism has also been seen as a positive force for the environment in that the protection of an area for tourism purposes can lead to more financial motivation to ensure a continuation of the protection as a basis for sustainable income. An example is the case of birdwatching tourism (Sekercioglu, 2002). Nature-based tourism in its widest form represents a considerable portion of global international travel, and visitors to protected areas such as national parks are often highly educated in environmental issues. A study by Chin, Moore, Wallington and Dowling (2000) on visitors to Bako National Park in Borneo suggested that the environmental conditions of the destination had a greater impact on visitors' perceptions than, for example, group size. Unfortunately, a link to local communities relating to the park had been excluded from that study. A project with a similar purpose in Central Australia, using open-ended questions, compared measured environmental impacts with tourists' perception of them (Hillery, Nancarrow, Griffin, & Syme, 2001) but their indicators did not extend to impacts on local communities either.

Sensitive and fragile environments are often major drawcards in tourism. This makes the

need for careful assessment even more pressing. Williams (1994) warned that ‘what in absolute terms would normally represent a minor environmental disturbance could be of considerable significance because of where it occurs’ (p. 425), and he emphasised the consideration of cause-effect relationships in terms of time (much time can pass before an impact is observed) and space (an activity up-river can cause devastation miles downstream). He continued to present and briefly critique identification, predictive and evaluative methodologies, and then offered a technique of analysis. While some of these procedures are fairly detailed they do not include in any way an input from local communities.

The concept of ‘environmental audits’ in tourism applies, according to Ding and Pigram (1995), to post-development assessment in contrast to EIAs conducted prior to the approval of a new development. These audits are voluntary and serve as a monitoring tool to assist in ensuring that a development does continually adhere to industry standards and that environmental risks are controlled. The authors list numerous constraints to the implementation of such audits, such as lack of legal requirements, lack of implementation mechanisms, difficulty in defining boundaries of the auditing process, lack of authority and, finally, absence of data, examples and comparative studies. Unfortunately, no details are given on how to conduct an audit nor was the negative impact of tourism ‘disruption of social fabric of host communities’ (p.2) re-visited.

Tourism and the coastal resource degradation in the Caribbean was the focus of a report by Potter (1996). The document promised a framework for analysing tourism and the environment and also matrices for benefits and costs, but the framework remained very general. For example, the matrices offered ‘social tension’ or ‘displacement’ as costs, but it was unclear how information on such outcomes was obtained. Years later, topics, indicators and questions that allow the community to define what is important to them and their fabric of daily life are as scant as ever in EIAs. Therefore, it is reasonable to assume that EIAs are still prioritising the interests and perspective of developers.

Environment and Health Impact Assessment (EHIA)

Traditionally, environmental impacts were understood as changes to a biological or physical environment and measured using standards relevant to a specific discipline, for example, the type and level of pollutants in water. Although an EIA implied a subsequent impact of an environmental change on human and/or animal health, health was not specifically emphasised as part of the assessment. Recently, Burns and Bond (2008) still found very little consideration of health in EIAs for land use planning in East England. Steinemann (2000) examined 42 EIAs (1979-1996) in the US and found that 62% did not include health at all while the remainder mentioned health in one sentence without substantiation. She attributed the reasons to the analytic complexity of health impact assessment, lack of suitable methods, legal uncertainties and a conceptual separation of environment and health. From a legal perspective, Harvey (1990) claimed that little valid methodology is available to accurately estimate the health risks in EIAs, giving them little validity in court cases. The effects of environmental changes on health are now afforded much more importance, even if only in terms of causal epidemiological relationships based on the biomedical model of health. This is in response to numerous examples where a proper EHIA could have avoided severe health or other problems in a region. Basahi (2000) described the case of the Marib Dam in the Yemeni desert, which was completed in the late 1980s. The damage included the loss of human lives (in the 1996 floods) but also foreseeable health problems from schistosomiasis, malaria, typhoid, and worm infections of livestock.

EIAs and EHIAs were compared here with the particular aim of finding out whether they incorporated communities' health concerns. It became clear that both types of assessment are still based on what is considered important to outsiders (scientific experts). An important finding of this review was the lack of clear distinction between EIA and EHIA, as the next paper demonstrates. Fehr (1999) argued that EHIAs are still not used to their full potential to facilitate health protection and promotion. In his analysis of over 70 EIAs, he noted that there was scarce or non-existent coverage of health issues and that the few assessments lacked a systematic approach. He proposed a Ten-Step-Model that allows the integration of health in EIAs: 1) project analysis, 2)

region analysis, 3) population analysis, 4) background situation, 5) prognosis of future pollution, 6) prognosis of health impact, 7) summary assessment of impacts, 8) recommendation, 9) communication, 10) evaluation (p. 619). Step 6 'prognosis of health impact' is the pivotal component of the model and consists of three interrelated components: a qualitative assessment including quality of life issues and citizen concerns, a quantitative risk assessment, and an assessment of threshold agents such as levels of chemical pollutants. Testing in Germany related to a waste disposal facility, and a planned highway revealed the model's successful applicability, but Fehr also observed that the 'coverage' of health aspects was still incomplete because of the complexity of the task, insufficient methods and tools, lack of current and reliable data, and lack of a systematic evaluation of EHIA applications. Unfortunately, not enough detail was provided to examine the qualitative part of Step 6, and communication with the author revealed that this area has not been pursued further (R. Fehr, personal communication, June 27, 2005).

McSweeney's (1996) proposed *Infectious Diseases Impact Statement* (IDIS) emphasises the health aspect of environmental impacts, suggesting that it 'would not assess the environment directly, but rather would predict changes in local disease patterns resulting from changes to the local environment' (p. 103). The justification of such a tool is given in well-known historical examples where health impacts occurred, such as malaria following mining projects in Brazil, or Rift Valley Fever after the construction of the Aswan Dam in Egypt. A pre-project IDIS should include likely diseases, number of susceptible hosts, endemic vectors and existing control measures, and it could be used as a tool of 'caution or prevention' (p. 105). However, the procedure does not include any community involvement. Although an IDIS in an EIA would draw much more attention to health issues that are not normally considered by technocrats and might lead to increased funding for their amelioration, so far, nobody is known to have designed and tested a tool based on this approach (E. McSweeney, personal communication, July 10, 2001, confirmed by recent database searches in February 2009).

It was hoped that national guidelines for EHIA would shed more light on the involvement of communities. The Australian *National Framework for Environmental*

and Health Impact Assessment (National Health and Medical Research Council [NHMRC], 1994) provides a step-by-step outline for the EIHA process. Step 2 (scoping) frequently mentions stakeholders, communities, community members, and social issues, including the need for input from and consultation with communities, but it is unclear if the concerns of the community are the driving force for a consultation or if the community simply responds to proposals presented to them. There is no clarification of whether the listed issues are valid and meaningful to the community rather than to developers. The statement ‘community participation enables the community to comment on proposals and development plans’ (p. 81) implies that the community only plays a reactive role. Methodological difficulties in assessing community concerns and social issues are acknowledged but no suggestions are offered on how to overcome them. The importance of having suitable indicators in such a ‘complex, cumulative and multi-factorial’ (p. 88) task is highlighted but, again, all indicators mentioned are outsider-driven and of a technical or epidemiological nature. Social data are collected to answer prescribed indicators, not to identify indicators meaningful to the community in the first place.

No EHIA literature could be identified that placed communities’ views on their health in connection to the environment as a core factor for assessment. In a critique of such outsider-driven assessments, Eyles (1997) argues that the epidemiological perspective of exposure and outcome is too limited to fully encapsulate the effect of the environment on health. He recommended avoiding narrow views of science and of what constitutes a problem as the only pathway to impacts, and in adopting a broader perspective that accommodates people’s views of their relationship with nature: ‘if evidence does not fit our criteria, we should challenge the criteria as well as the evidence’ (p. 6). Therefore, to assess the environmental context for human health, five building blocks were suggested with the first two incorporating locals’ views on health: ‘how individuals and groups talk about and perceive health and illness in specific locales and environments’ and ‘how individuals and communities find their place or identities in environments to negotiate everyday practices concerning health and illness’ (p. 7). Eyles proposed the use of Blumer’s Symbolic Interactionism for the first building block, utilising this theory’s emphasis on meaning derived from social interaction. He proposed Giddens’

Structuration theory for the second building block to identify research topics within the context of a community's pre-existing social structure. The overall goal of the discourse was to develop the notion that research in environmental health should be freed from a narrow traditional perspective and conducted using theoretical frameworks as guidelines. This would allow different and perhaps more encompassing views to understand environmental health. Such a complex perspective would need different tools to appreciate the context within which communities understand health and well-being (Cole & Eyles, 1997; Eyles, 1999).

The examination of both the EIA and EHIA literature has demonstrated that consideration of people's views of the concepts of health and well-being is not yet included in most assessments and they are certainly not prioritised. In reality, EHIA priorities are still determined by people other than those who have to live with the impact of development. Also, the lack of evidence of practical applications points to IA discourses occurring as predominantly theoretical academic exercises. Why they are not much used is a separate issue to pursue. In the following section, social impact assessment (SIA) will be discussed, an approach that might fulfill Eyles' requirements. Also included is a critical analysis of other impact assessment if there is an appreciable emphasis on social issues.

Social Impact Assessment (SIA)

Taylor, Goodrich and Bryan (1995) give an interesting historical overview of the evolution of SIA from its uncertain, tentative, and often misunderstood beginnings as part of some EIAs to its modern stand-alone existence. In the late 1960s, when EIA started to become compulsory for specific projects to be approved, social aspects were rarely addressed, possibly also because no adequate methodology had been developed for this purpose. Often, the assessment in itself, or just the notion of public involvement were perceived to be 'social'. On the other hand, the authors note that if and when social scientists were involved, the assessments tended to become so complex that they were unusable. Criticised for being too cumbersome, jargon-filled, not comparable due to the use of incompatible methods and, hence, not useful for decision-making, SIA was

tentatively appended to EIA during the late 1970s to mid 1980s. The focus was on major impacts only, and on shorter and more analytical reports that included existing data where available rather than extensive new data collections. From the early 1990s, involving the public was deemed mandatory, and formal guidelines for SIA emerged (together with several national and international organisations, for example, the *International Association for Impact Assessment*) whose sole purpose it was to contribute to the development of the field of impact assessment. Subsequently, agencies such as the World Bank or Asia Development Bank issued guidelines and manuals for SIA. Taylor et al. identified a number of problems on SIA's path to maturity, such as the question of who the most appropriate people were to conduct an SIA; philosophical approaches, especially relating to public participation; or the preference for either more technocratic or more participatory approaches. The authors highlighted the importance of qualitative social field data, preferably collected very early in the process. However, these data are not on the delineated assessment cycle and the public's role in defining issues, problems or indicators was not clearly articulated or centralised. An early paper by Gagnon, Hirsch and Howitt (1993) offered a critical examination of three case studies of (outsider-driven) resource-extracting projects in Thailand, Australia and Canada in the 1980s and early 1990s. They believed that local communities can be empowered through SIA. However, the discussion focussed on larger conceptual issues rather than a specific application in practice. As there has been a shift from the old SIA with its reliance on quantitative expert observations to the new SIA which is supposed to centralise local communities' input (Buchan, 2003; Lane, Ross, Dale, & Rickson, 2003), detailed guidelines for public involvement should be at the core of literature published in the early 2000s. The following review focussed on the degree to which this actually occurs.

Burdge (2003a) defined SIA as the systematic appraisal of 'impacts on the day-to-day quality of life of persons and communities whose environment is affected by a proposed policy, plan, programme or project' (p. 85) and explained that a good SIA provides 'qualitative and quantitative indicators of social impact that can be understood by decision-makers and citizens alike' (p. 85). He listed a range of 'myths surrounding SIA', one of which says that social impacts cannot be measured and should, therefore,

be ignored. Here, he firmly stated that one can always find an indicator, qualitative or quantitative. There is not only a lack of agreement on what a social indicator is so that data are comparable and compilable, but a lack of baseline data in the first place (Burdge, 2003b).

Examining current EIA guidelines or discourses indicates that the positioning of social aspects as merely an add-on to the main assessment tool is as real now as it was in the early 1970s. The *EIA Manual* (UNEP, 2002) devotes a whole chapter on SIA, yet, apart from definitions and general statements, offers little detail on how to ensure community participation, let alone what type of participation is pursued. Two schools of thought are presented, the rational-scientific (prediction of change), and the socio-political (community participation), but they appear mutually exclusive. Readers are cautioned about the spatial, seasonal, personal and professional bias that may affect a SIA practitioner but no detail is given on how to minimise such bias. Different types of SIA are listed: lifestyle, cultural, community, amenity/quality of life, and health, but it is unclear from whose point of view such impacts are assessed. Moreover, there is a criticism that some SIA practitioners consider social impacts to be only ‘as experienced (stress, hunger, disruption)’ (p. 464) which raises the suspicion that people’s experiences may not be valued as a sufficient basis for SIA.

Three chapters in a book on methods of EIA by Morris and Therivel (2001) deal with social issues. In the first, Glasson (2001) discussed the issues of economic impacts of employment and some social implications, but the suggested key questions were *about* people not posed to them. However, an important point is that the closure of a project also creates problems for communities, an issue rarely assessed elsewhere. The second paper (Chadwick, 2001) focuses exclusively on social impacts on in-migrant workers and their needs rather than those of the local community who has to accommodate the influx. The paper merely acknowledges that ‘there may be a clash of lifestyles or expectations between incomers and the existing host community’ (p. 57). The third paper (Therivel, 2001) presents the concept of ‘Quality of Life Capital’. Although it considers questions such as ‘to whom the benefits/services matter’, and emphasises the need for public consultation and involvement, like most other literature, it deals with

post facto consultation.

If EIA guidelines are somewhat vague in the application of social impact measures, one might imagine that explicit SIA guidelines offer more detail into what exactly should be assessed and how. As part of the *UNAIDS Best Practice Collection*, Barnett and Whiteside (2000) compiled guidelines for studies of social and economic impacts of HIV/AIDS. A table of social impacts includes numerous generally accepted and measurable indicators. A footnote advises that specific indicators differ from place to place and their design needs to be based on participatory methods. This methodology would be a good way to centralise the community in the assessment process, however, in this instance the authors were thinking of additional measurable indicators rather than indicators that originate in the people's own understanding of well-being. The concepts of susceptibility and vulnerability are introduced to calculate long-term impacts of HIV/AIDS, and Development Impact Analysis is listed as well with three indicators: long life, being knowledgeable, and decent standard of living (p. 35). It is important to distinguish these guidelines from others because here the assessment is about the impact of a change in health status on a social and economic situation, and many medical and technical indicators are available for measurement. Normally, SIA measures the impact of a situation, a policy or project on people's (social) health status.

Because of the wide range of approaches, definitions, perspectives and frameworks used in implementing SIA, a five-year process involving workshops around the world resulted in a document *International Principles for Social Impact Assessment*. It included an upgraded definition of SIA that emphasises a shift of its role from business to community development (Vanclay, 2003a). The author, Convenor of the *Committee of the International Association of Impact Assessment (IAIA)*, acknowledged that people 'locked in the old ways of thinking may find it hard to accept the new understanding of SIA' (p. 3). The definition of SIA as agreed by consensus is as follows:

SIA includes the processes of analysing, monitoring and managing the intended and unintended social consequences, both positive and negative, of planned interventions (policies, programs, plans, projects) and any social change processes invoked by those interventions. Its primary purpose is to bring about

a more sustainable and equitable biophysical and human environment' (p. 5).

Vancly (2003b) recognised the problem of producing principles that are internationally applicable. These problems were circumvented by first agreeing on core values (is-statements of fundamental beliefs), then on principles (ought-statements of common understanding or course of action) and, finally, guidelines (action-statements specifically as to what should be done and how).

The fundamental change to previous SIA is that the community is placed in the centre of the benefits by creating a more sustainable and equitable environment and promoting community empowerment and development. This new form of SIA acknowledges the value of local knowledge and considers the concerns of affected people. Vancly (2003b) listed a large number of impacts that can be addressed by such an SIA, including community impacts, cultural impacts, development impacts, tourism impacts [the only reference to tourism found in SIA] and poverty, all of which play a role in the current project's aim to develop the Tourism's Health Impact Assessment Tool. He also mentioned SIAs undertaken on behalf of a local community and even by the local community itself, something rarely found in the literature. Furthermore, he suggested that, particularly in developing countries, more emphasis should be on maximising overall potential rather than emphasising negative impacts on a small scale. The core values and principles listed reflect this new understanding of SIA and are backed up by the 1992 Rio Declaration on Environment and Development and the 1986 Declaration on the Right of Development.

Dissatisfaction with the old SIA approach that excluded affected communities has been indicated in other articles, too, but the specifics of practical implementation of the new approach at the assessment and pre-project phase is still unclear. Husbands and Kumar Day (2002) noted that projects often fail because communities have no interest in the implementation nor do they feel any commitment towards the projects when they have been excluded from the design of the plans. The updated version of the very detailed *Principles and Guidelines for Social Impact Assessment in the USA* (ICPGSIA, 2003) only includes the public after the decision in favour for a project is made. Buchan (2003)

went a step further in her promotion for a participatory assessment when she suggested that ‘the community needs to be involved in defining impact measures and indicators’ (p. 169), a big move away from using expert-driven indicators. Her prerequisites for a successful participatory approach were adequate funding, sufficient time, flexibility, a political will to involve the community, and a skilled SIA practitioner. The need to understand locals’ definitions of certain concepts was highlighted by Wlodarczyk and Tennyson (2003) who asserted that, in the old SIA, the term ‘community perception’ was often defined as incongruent with reality (one assumes this refers to experts’ reality), therefore, some impacts were simply imaginary. In contrast, the authors used a range of social research methods in their study of risk perception relating to restarting a nuclear plant in Canada. Unfortunately, the lack of sample questions and descriptions in the article itself makes it difficult to ascertain how they capture locals’ perspectives and how these were validated to ensure that, again, the survey was not driven by outsiders’ concerns.

The inclusion of indigenous peoples and their knowledge in SIA would very much meet the criteria of the International Principles if their input had the same weight as that of scientists with a Western background. Lane, Ross, Dale and Rickson (2003) made a case based upon an environmental conflict between indigenous custodians, conservationists and the mining industry in Australia. They showed that epistemological dilemmas can be minimised by using Strategic Perspective Analysis (SPA) integrating technical knowledge and participatory data. The authors ‘sought to ensure that social impacts would be assessed from the perspective of the interest groups themselves, rather than defining them from the “objective” stance of the analyst’ (p. 93). A re-examination of standard indicators was, therefore, necessary to address cultural, psychological, health and social contexts. The Blishen-Lockhart model used in that study considers social vitality, economic viability and political efficacy as the three main indicators useful in a cross-cultural context to understand ‘community resilience or susceptibility to adverse impact-stemming change’ (p. 94).

Finally, two articles introduced the Interactive Community Forum (ICF) as a method to integrate local knowledge into a SIA. Becker, Harris, McLaughlin and Nielsen (2003)

highlight the value of local understanding and knowledge for ‘citizen judgements’ in order to make decisions between project alternatives. They describe using small group techniques to tap into local expertise, and claim that locally defined indicators minimise the risk of missing important development implications at community level. Harris, Nielsen, McLaughlin and Becker (2003) applied ICF to a salmon-recovery program and used residents’ knowledge and understanding of their communities and how they saw changes affecting them personally, as central to the identification of indicators. A precise description of this identification process would have clarified if the indicators originated from the residents or if outsider indicators were modified to reflect residents’ understanding. Becker, Harris, Nielsen and McLaughlin (2004) recommended to combine the expert-based social analysis report (SAR) which also allows comparisons with similar communities or impacts, and ICF, based on residents-determined indicators. Unfortunately, this intervention was never realised by the federal agency involved. However, it appears that ICF possibly overstates some local concerns whereas SAR most likely underestimates local impacts (D. Becker, personal communication, 9.2.2009).

Including the Voice of the Poor - The World Bank’s Involvement

The connection between global poverty reduction and community-based tourism was reviewed in Chapter 5. The link between poverty and SIA, therefore, raises great hopes for some useful recommendations for the current study. The World Bank’s (2003) *User’s Guide to Poverty and Social Impact Analysis (PSIA)* is a much used and cited document for applications in developing countries. Social impact analysis here ‘refers to the analysis of the distributional impact of policy reform on the well-being or welfare of different stakeholder groups, with particular focus on the poor and vulnerable’ (p.1). The guide includes the main elements and key principles for PSIA practitioners but at the outset apologises for not being comprehensive in its coverage. A range of tools and techniques are referred to in the appendix which will be discussed shortly. The document begins with a conceptual framework to understanding impacts in the context of poverty and then lists 10 key steps of a good PSIA, starting with ‘asking the right questions’. Interestingly, these questions are designed from the assessor’s rather than from the poor people’s perspective. When it comes to stakeholder analysis, the PSIA acknowledges

that the poor (such as landless peasants) are usually not politically organised and their voice is unheard despite its importance, yet no solution to eliciting this voice is proffered. Indicator selection only appears at the end of the process (monitoring and evaluating impacts) from the assessor's point of view. The extensive annex lists and summarises 32 tools and methods to assess PSIA. The criteria listed in their summary consist of: definition, use, information gained, complementary tools, key elements, requirements (type of data, time, skills, supporting software, cost), limitations, and references/applications. Only three of them claim some level of community input: SIA, Beneficiary Assessment (BA) and Participatory Poverty Assessment (PPA), with only the latter taking into account the views of poor local stakeholders. The description of SIA is too general to be of use to a practitioner. The BA is described as a participatory assessment method which relies primarily on qualitative research through conversational interviews, focus groups, and direct and participant observation, and can be used 'even in countries with limited capacity as an add-on to other economic tools' (p. 52). Its aim is to give an insight into how a community (the beneficiaries) views the way a program addresses a problem, and, what reception a program is likely to receive. It is said to 'reach down' to the community-level yet does not focus exclusively on the poor or the community.

Including the poor specifically and directly is the task of the Participatory Poverty Assessment which employs qualitative, visual (presumably to accommodate illiteracy), and participatory rural appraisal techniques. It is said to provide an 'in-depth analysis of the views of the poor and their political, social and institutional context' and 'policy priorities of the poor' (p. 53). In neither BA nor PPA is the identification or integration of locally validated indicators evident. Information on BA and PPA is available within the same World Bank (n.d.) web document, where the difference between the two is described: PPA seeks 'to bring information to the attention of policy makers' and BA 'to bring information to the attention of project managers' (p.5). This puzzling distinction is disappointing, and another World Bank document by Salmen (2002) which promises a more detailed description of the method of BA fails to clarify as well. It names BA's ultimate goal as 'revealing the meaning people give to particular aspects' (p. 1), yet, leaves no doubt that it is a tool for managers 'to improve the quality of

development operations' (p. 1) (and not whether the 'beneficiaries' want the development in the first place). To add to the disregard for the community even more, the interview themes suggested in the annex are preceded by the statement 'conversational interviews are created around themes of importance to managers' (p. 8). This is of concern considering that these World Bank guidelines provide a standard and in many resource-poor countries may be the only document available to practitioners. One wonders how long it may take to introduce the emphasis on community members' perceptions, views and perspectives that are slowly beginning to be noted in more recent scholarly papers.

Looking at the 30 year-evolution of SIA it is clear that communities are now attributed a much higher status in decisions related to development, even if this is expressed in theoretical discourse rather than practical examples. The lack of a precise demonstration of how assessors ensure that indicators are community validated raises doubts about the process. Rigorous methodological steps need to be detailed before a judgement can be made that assessments are community driven. SIA guidelines, even those emphasising the community as the core component in the assessment cycle, are still not specific enough about how community validity is assured with the selection of indicators. Often, community input is considered too late in the process. To really reflect relevant local impacts, implementation must include communities at the planning phase of a project and use community-selected indicators of social well-being as examples of best practice.

In summary, originating from the Social Sciences, the obvious strength of SIA, be it situated in the 'old' or the 'new' perspective, is that it is based on the acknowledgement that any planned project, program or event has impacts on the social environment of communities/populations, not just economic or environmental implications. It also acknowledges that qualitative data representing people's world views are as valuable as the traditional quantitative measurable evidence so often preferred to a degree of exclusivity that can render an assessment almost questionable. On the other hand, SIA guidelines - even those incorporating the 'new' school of thought that emphasises the community as a core component in the assessment cycle, a) are still not specific enough when it comes to the actual implementation of the various roles attributed in theory to

communities, and b) consider community input too late in the process, virtually always post facto, again an issue where implementation does not reflect theoretical discussion. The interesting questions arising here are Why the obvious discrepancy between theory and practice? and Why the lack of translation from plans to action? Evidently, it is very difficult to assess an enormously complex situation such as potential multiple social impacts and, therefore, what should be done is easily defined, but to do it is just too hard to even attempt. There seems to be a gap between academics/scholars on one hand and assessment practitioners in the field on the other, and this gap cannot be bridged until more specific and user-friendly guidelines are developed that build on the theoretical backgrounds now available. However, this does not explain why communities are generally considered late in the process. If people's social well-being is as important as it is claimed to be, the fact that communities' views on what is important to them is neglected at the beginning is puzzling. This calls into question whether what is called 'social' is that social after all if the community only comes second.

Health Impact Assessment (HIA)

There are two trends of focus on health in Impact Assessment (Ahmad, 2004). One is the biomedically-oriented EHIA, the other, based on the socio-environmental model of health, the HIA. EIAs typically assess impacts of an action on the environment, they do not include health issues per se. Although the inclusion of health, mostly with a narrow and specific focus, lead to the spin-off development of EHIAs (WHO, 2004b), Shademani and von Schirnding (2002) and WHO (2004b) see the explicit inclusion of health into EIAs still as absolutely crucial. The WHO-document *Health Opportunities in Development* (Bos, Birley, Furu, & Engel, 2003) is a course manual to develop intersectoral decision-making skills for the inclusion of HIA in EIA. The difference between EIA and EHIA then needs to be re-visited and clarified. The importance placed on well-being also prepared the ground for the development of SIA. From there it was only a small step to design assessments to focus specifically on health (Kemmm & Parry, 2004a). The close link between EIA, SIA and HIA can be seen in the use of the basic steps: screening, scoping, risk assessment, decision making, implementation and monitoring (Kemmm & Parry, 2004a, p. 16).

Birley (2004) provided an interesting account of the history of HIA in developing countries and pointed out that the impacts of projects are usually more profound there than, for example, in Europe. Hence, HIAs are more common in regions where development problems can be compounded by the presence of tropical diseases that have been eradicated in developed regions. For example, increases in malaria may come from the proliferation of mosquito breeding sites as a result of logging activities. Unfortunately, while illustrative, this approach focuses again on technical and reactive biomedical research and assessment and, therefore, devalues genuine HIA with its more holistic and prospective measure. Scott-Samuel (1996, 1998) argued that HIA is widely used in the developing world and advocates for more HIA in the Western world.

The purpose of HIA is twofold. First, it aims to predict effects of a particular action (program, project, policy) on the health of a specific population, and, second, it aims to assist and influence a decision-making process based on this prediction. Ideally, this decision-making should lead to the identification or modification of policies and procedures and, ultimately, to the promotion of health and well-being (Kemm, 2001). Kemm and Parry (2004b) suggested three ways HIA can influence decision-making. It can raise awareness of the relationship between health and the physical, social and economic environment; it can assist in identifying and assessing possible health consequences, and it can assist those affected to participate in the process. On this last point, they argued that this ‘implies that people should have the opportunity to know and influence the questions being asked and the issues being investigated in an HIA (p. 8)’. They also addressed the different timeframes used for HIA (prospective, retrospective and concurrent) but, in order to avoid confusion, Parry and Kemm (2004) strongly urge for the term HIA only to be used for prospective approaches as this is the only process of representing the predictive character of the method. ‘Evaluation’ should replace ‘retrospective’ and ‘surveillance’ should replace ‘concurrent’. Morgan (2003) agrees with Parry and Kemm’s proposed terminology. However, their justification for this suggestion can be challenged. Retrospective impact assessment, for example, seems more precise than a mere ‘evaluation’.

To facilitate a more streamlined approach to HIA, a number of guidelines have been

developed, usually by Western theorists for application in Western contexts. One of the first formal documents was the *Gothenburg Consensus Paper* (European Centre for Health Policy [ECHP], 1999) which was intended to create a ‘common understanding of HIA’ (p. 1). It emphasises the importance of values by stating that the framework in which policy processes are carried out depends on society and time, and that ignoring this would mean that the process becomes artificial. After a general description of the basic steps, the document states that HIA includes ‘consideration of opinions, experience and expectations of those who may be affected...’ (p.8), yet, no standards for achieving this are described.

In the same year, the frequently cited *Merseyside Guidelines for Health Impact Assessment* which are now available in their second edition, were published in the UK (Scott-Samuel, Birley, & Arden, 2001). The document clearly focuses on prospective HIA and lists guidelines on procedures and methods using the generally accepted basic steps cited previously but ‘interview stakeholders and key informants’ is only part of the fifth component of the process. As in the Gothenburg paper, values are mentioned briefly but there is no instruction on how to incorporate them into any step in this process and, like in other documents, the mentioning of the community appears to be mere tokenism. Cultural perceptions of health are not considered, a grave oversight in a country as multicultural as the UK. Overall, these guidelines focus on measurable impacts and definitions of health are proposed by Western health professionals.

Two often cited reviews provide convenient access to a range of documents on HIA. The first (Mcintyre & Petticrew, 1999) was conducted to identify examples of HIA in practice, the methods employed and the range covered. In 20 papers (9 prospective, 11 retrospective), only the prospective studies used a formal HIA model. This supports Parry and Kemm’s (2004) assertion that only prospective studies are HIAs. The included studies are presented in a separate tabular overview which shows that even in the four studies conducted in developing countries, none mentions a cultural context, none considered the local perception of health, and only a Zimbabwean study mentioned a consideration of vulnerable communities but does not say how this was accomplished. Often, the studies include ‘lifestyle’, ‘social environment’ and ‘personal/family

circumstances’ but give no further detail. The second review (Taylor & Quigley, 2002) explored evidence of the effectiveness of the HIA approach. The database search covered English language syntheses, literature reviews and meta-analyses from 1996 to January 2002. Only 13 documents qualified for inclusion, and only one (the review by McIntyre and Petticrew, above) met the critical appraisal criteria. The authors concluded that ‘there is currently no review-level evidence available to demonstrate if and how the HIA approach informs the decision making process and, in particular, if it improves health and reduces health inequalities’ (p.7). Neither of the two reviews concluded advocating for community involvement in defining health and well-being.

Douglas, Conway, Gorman, Gavin and Hanlon (2001) conducted two pilot HIAs, one using the *Merseyside Guidelines*, the other Scottish guidelines and then proposed key principles for HIA. They placed some weight on qualitative data and presented a table of positive and negative health impacts allegedly identified by the residents. But it is not clear if the main categories were, in fact, proposed by the researchers and the residents used that structure to ‘fill the gaps’. The authors emphasised the need to understand how people are affected by impacts and to examine the ‘value that affected people place on different health impacts’ (p. 152). These statements promise an approach that would put community perception in a prominent position in the HIA, however, the article does not reveal if such a stance has been taken in the case studies and if so, how community-driven information was gained. The key principles offered were comprehensive but failed to add new aspects to the HIA methodology. Australian guidelines on HIA (enHealth Council, 2001) draw on the first edition of the *Merseyside Guidelines* and focus on incorporating HIA into the EIA process. They point out that the steps for EIA and HIA are different, but there is no explanation of what these differences are. The document cautions that guidelines should be used critically as ‘they do not necessarily address the social, community or psychological dimensions of health and well-being effectively’ (p.16), a warning applicable to this document itself. In over 50 pages, the term ‘indigenous’ is used twice, despite the large Aboriginal population in Australia. Ethnic minorities are not discussed and the phrase ‘communities should be involved’ appears to be an idealised recommendation rather than embedded as part of the process.

A WHO seminar report (Shademani & von Schirnding, 2002) covers general aspects of HIA. It mentions 28 social variables as part of SIA, presumably as a contribution to HIA, but none is discussed. The *European Policy Health Impact Assessment (EPHIA)* guide (Abrahams et al., 2004) aimed at synthesising generic assessment methodology to support the development of a European Union policy. Experts from England, Ireland, The Netherlands and Germany also drew on the *Merseyside Guidelines*. They pointed out the utility of a social model of health and the importance of social determinants of health including ‘community spirit’, and ‘community involvement in public policy decision-making’. Pilot stakeholders and key informants were composed of various organisations, unions, government and non-government agencies, institutes, university departments and so on, but a sample of lay community members was not explicitly included. All the indicators for the profiling step are quantitative but it is mentioned that it is ‘important to be aware of comparability between indicators ... and the operational definitions should be the same’ (p.12). This, however, refers to expert definitions. The guidelines present three types of HIA, desk-top, rapid, and in-depth. The desk-top data collection is limited to a literature review and, therefore, allows little chance to tailor the HIA to a specific situation or community. Later in the report, the relevance of qualitative data for in-depth HIA is emphasised for its capacity to gain an ‘in-depth picture of the range of health determinants’ (p.14). This could imply that the community is to be asked about what it perceives as important for its well-being. However, the report provides no support for this assumption.

In contrast, the *Canadian Handbook on Health Impact Assessment* (Ministry of Public Works and Government Services Canada, 1999) is notable not only because it is a large volume with a thoughtful structure and rich detail but also because it treats the issue of community definition and input in some depth. Contrary to its title, its purpose is to assist in incorporating HIA into the basic EIA process and to provide detailed instructions, factors and criteria that need to be considered for an HIA to be valid. Part of Volume 1, ‘The Basics’, is devoted to the need for public participation from the onset of any assessment, and to the need to include traditional knowledge even if the indicators it generates are not considered measurable by Western methods. Traditional knowledge here relates to factual knowledge mainly on environmental issues, not to

perceptions or values. Importantly, the authors caution that the use of traditional knowledge by outsiders who do not know the contextual elements of such knowledge would lead to the 'temptation to compare scientific and traditional answers' (p. 5/10). Volume 3 of this handbook, 'Roles of the Health Practitioner', takes up the notion of values by stating that the identification of health implications requires the accurate identification of those affected, taking into account the values important to them, and properly understanding these (p. A4). However, the definition of value used is 'worth, desirability, utility'; it does not clearly include values in terms of perceptions of concepts. Next, the HIA practitioner is advised to identify 'core' and 'use' values. Unfortunately, a method by which to accomplish this is missing. One type of use values are symbolic values that cannot be measured. Symbols are said to be important for HIA because health is often invested with symbolic significance and insensitive treatment of symbols represents lack of respect for people which can be damaging for their well-being (p. A15-16). This is an important aspect but, probably because of its complexity, did not lead to any specific guidance on how to deal with symbols in HIA. The whole issue of values is placed in phase 2 (Scoping) of the assessment process, a position, that is arguably too late to be of use. Some time later, a process to identify core values is revealed almost by accident. Stakeholders are asked if a specific project raises concerns. If the answer is yes, the next question will be, What concern? After naming a concern, the question is Why? If this last question cannot be answered any further, a core value has been identified. This way might also identify the elusive symbolism. Overall, this handbook provides minute detail for assessing environmental health impacts quantitatively and offers a number of good starting points to consider other aspects as well. Unfortunately, it is not known if any assessments have been based on these guidelines and what the outcomes have been.

Finally, two detailed reports on actual HIA in practice are examined with regard to their level of inclusion of community involvement. The first is the *Salford Health Investment for Tomorrow (SHIFT) - Project in the UK* (Douglas, 2001). This assessment used the *Merseyside Guidelines* as a framework and set out to predict impacts of a planned reorganisation of the local health service. This prospective HIA used several methods of data collection including rapid assessments. Data used included views, perceptions

and opinions expressed by the community (presumably in reaction to the SHIFT-project). A list of questions would have given the opportunity to investigate if these were responses to outsider aspects or if people's perceptions were the starting point for further questions. Disadvantaged communities are mentioned ('each group requires special understanding', p. 31) but no method to illicit this understanding is defined in the report. Cultural perceptual differences regarding health between the many ethnic minorities are not considered explicitly, so it seems that a mainstream understanding of health formed the baseline for this assessment. The outcome of this study is a very detailed matrix of predicted health impacts (definitive, probable, or speculative) but, while different interest groups provided input depending on their expertise, the main indicator categories used had all been pre-determined by outsider experts.

The second assessment describes the *People Assessing Their Health (PATH) - Project* (Gillis, 1999) which was conducted in three communities in Canada as a response to the planned decentralisation of health care. This project stands out as it goes beyond the tokenistic position on community involvement found in many guidelines and publications, and puts this requirement into practice. With the help of a resource centre, a university department and a health service, the communities identified the factors that determine their health and developed tools to assist them in the assessment of the impacts in their communities. The four steps of the PATH project were: building the community process, facilitating community discussion (based on the assumption that people know what makes a community healthy), designing the tool and supporting community use of the tool. Unfortunately, the project came to a halt when the government stopped policy implementation. Mittelmark, Gillis and Hsu-Hage (2004) discussed the role of HIA in community development in two examples. One is the above mentioned PATH-Project, the other a project in Tasmania (Australia). Both have in common that it was not a specific project, program or policy that started the assessment but a specific concern the citizens had and, as such, was a community-driven process.

This review of HIA literature suggests that there is still a great deal of movement in the conceptualisation of HIA including definition, purpose, and scope. It will be interesting to follow the evolution over the next decade or so. This includes some serious quality

issues regarding procurement, competence and jurisdiction of HIAs (Birley, 2007). Douglas and Scott-Samuel (2001) discussed the inadequate treatment of health inequalities so far, both in selectively assessing impacts on disadvantaged groups and in assessing the different outcomes of impacts across a whole community. Subsequently, they argued that all HIA methods should focus on inequality but they also acknowledge that at the start of a project it may be difficult to identify that this might be a concern. Edmonds (1989) was concerned with the weight and value of a HIA, fearing that it 'could become an empty shell if no-one takes it seriously' (p. 453) and wondering if a poorly conducted HIA could be challenged in court. As a greater range and complexity of HIA methods become available and more communities demand the right to articulate what they consider important, we may move closer toward achieving an equity of voice between developer and community. Ideally, a basic ethical consideration should be that projects should not commence without the blessing of that local community. Unfortunately, achieving this position may well depend on the political will and contributions of a range of professionals to allow communities to be placed in a position where they are able to use or even conduct assessments by themselves. Mittelmark (2001) argued that highly technical and complicated methods exclude the average person from participation. He notes that 'user interfaces of the simplest kind are needed if HIA is to reach where it is most needed. Health promotion should strive to build an approach to HIA that any person or group with average education and intelligence can master with some study and practice' (p. 271). Furthermore, he stated that 'further development of simpler, people-centred, low technology approaches to HIA at the local level is called for' (p. 269).

This review has identified the degrees of community involvement in the selected publications. Generally, information was soon saturated. Because papers may build on previous work, they often become repetitive and include the same components of the process and the same criteria as important to consider without genuinely new and more applicable directions. At the time of writing, HIAs contain very little in terms of community perceptions of concepts, and phrases such as 'consideration of the public', 'public involvement', 'community participation' are often phrases that lead to no genuine inclusion of community views. Often, community involvement is mentioned

well after the projects themselves have been designed, generally as part of Step 2 ‘Scoping’, the assessment of what impacts might be important. This is too late. Communities need to get involved right at the beginning at Step 1 ‘Screening’, the check whether or not an assessment is needed. [A more radical view is that a community should decide if a project is wanted in the first place, before any impact assessments need to be considered.] If outsiders do not know people’s perceptions of certain concepts, they may decide that no assessment is needed when, in fact, this reflects their lack of knowledge rather than reality. Outsiders should not be given this much power over community life. In short, by involving the community only at Step 2, an outsider perspective has already taken over the assessment and this position of dominance cannot be remedied later in the process. Locating consultation at any step after the initiation of a project or assessment process makes it externally driven. Another example for the unquestioned outsider perspective is the inclusion of social impacts on health, usually presented as a list of violence, drugs, prostitution and so on. An assessment looks at the fact that something changes people’s way of life but it is often unable to examine the underlying reasons of why it changes people’s life. For this, the assessment would have to look at what constitutes these people’s perception of well-being, a good life and so on. Therefore, the stereotypical listing of social problems, such as violence and crime, indicates that these issues were not critically examined but simply repeated and carried forward from numerous previous documents without questioning and critical analysis. This approach would also have researchers start an assessment with pre-conceived ideas leading to bias.

It seems that in the past two decades little new input can be found in the evolution of meaningful HIA methodology and indicators, and that every attempt should be made to overcome this stagnation. Some HIA guidelines have become more detailed in the way data are collected or steps taken. There is no doubt that all current health-related expert indicators (quantitative and measurable) are important and will always be a crucial part of a thorough assessment, whether they are mortality rates or proportions of unemployed people. The inclusion of aspects that are important and meaningful to the people to be affected must be demanded to obtain a meaningful and ethical impact assessment for development purposes. Similar to the findings in the review of SIA, apart from very few

exceptions, the literature on HIA seems to be a mere confirmation of previously accepted assessment processes. The literature is replete with calls for inclusion of communities, yet, actual community involvement at the point where their involvement would be most crucial, that is, right from the beginning, is lacking. It is clear that incorporating people's perception of individual and community well-being at the point where it would dictate the direction an assessment and/or a project would take (that is, have real decision power), is still not a mainstream process. A recent evaluation of an HIA (Ali, O'Callaghan, Middleton, & Little, 2009) seems to have omitted the community entirely. Two topics emerged during the review of HIAs, community participation - discussed already in Chapter 4 - and the role of lay knowledge in impact assessment which shall be presented next.

Community Participation: A Contentious Issue in HIA?

Many previously introduced IA methods included some degree (even if only suspected between the lines) of acknowledgement of the community in some form. This was limited in economic impact assessment to the community's value as money-earners or spenders. EIAs included communities somewhat more, most often as an 'automatic' inclusion in the process to ensure the approach was politically correct. As most environmental scientists probably favour positivist methods, they may not have tried genuinely to make sense of this 'new requirement' to include a confounder, such as people's views. Once social issues became more of a concern, social scientists made it their business to examine the people's side and embraced community participation enthusiastically as it represented the core of their discipline. Therefore, it comes as no surprise that little criticism can be found in the use of the public in social impact assessments. As somewhat a spin-off of EIAs and SIAs, the process of HIA started off with the explicit inclusion of the community - and probably had little choice as exclusion would have been as a step backwards. However, it seems that views on this are now more and more divided. While some writers are very much for the very prominent role of the community, even to the point of the community conducting its own assessment process (Mittelmark, 2001), others are very much against. This will remind readers of similar questions in Chapter 4. This section will present the discussion

for and against participation in HIA relating to health issues in general.

Morrison, Petticrew and Thomson (2001) agreed that qualitative studies (= community consultations) may be useful but emphasise two important problems: the fact that the consultation process in itself may act as a confounder by influencing the participants and so introducing potential bias and, similar to screening for a disease without cure, the assessment could highlight problems that cannot be solved. Parry and Kemm (2004) lamented that the community is not necessarily well informed and true consultation is difficult to arrange, while Parry and Stevens (2001) made an important point by questioning the ethics behind the fact that community involvement can be mis-used by decision-makers to off-load their responsibility onto the community. By honestly claiming to have consulted the community, any resulting mistake can be framed as the community's fault. They also question the rigour and reliability with which such consultations are handled, the worth of opinions rather than measurable facts, and the validity of the process when the HIA itself may have an impact on health by changing people's perceptions. Based on these concerns they continue to argue that the standard HIA should be abandoned and instead only 'mini' HIAs (or 'rapid' or 'desk top' HIAs) should be conducted with robust data or, if time and resources permit, a 'maxi' HIA implementing rigorous extensive data collection and follow-up allowing a 'validation of anticipated health impacts' (p. 1181). Parry and Wright (2003) acknowledge the often cited reasons for community participation, such as a change of attitude; empowerment; increase in self-esteem, confidence, sense of responsibility; and a positive impact on the success of a project. A recent successful health research project on HIV with major community participation in rural Uganda (Nakibinge, Katende, Kamali, Grosskurth, & Seeley, 2009) can attest to all these reasons. Yet, Parry and Wright also highlighted its time-consuming nature, not least due to the difficulty of arranging such processes and thus jeopardising decision-makers' time frames. The legitimacy of representatives and issues around them, as previously also examined by Jewkes and Murcott (1998) in the UK, was of concern as was the fact that communities are not homogenous entities. They also suggested that some community members may be unable or unwilling to participate (or simply not interested, Cornwall & Jewkes, 1995). Monnikhof and Edelenbos (2001) found that, in a Dutch example, the opposite was the case when they investigated if

participation improved the quality of a resulting policy. The public's input in this case study was asked for and keenly given. As it turned out, the decision-makers had already presented plans, problems and solutions, and the public input was lost in 'fogginess'. The authors blamed the Dutch culture of trying to defuse conflicts early and, therefore, not getting to the stage of conflict discussion in the first place.

Parry and Wright (2003) questioned if broad-based community participation has ever resulted 'in a more accurate prediction of impacts, improved decision making, increased transparency, local accountability, and increased community empowerment and ownership of policy' (p. 388), indicating that much of the claimed benefits are not scientifically supported, a criticism shared by Zakus and Lysack (1998). Considering Arnstein's (1969) discourse of power and (re)-distribution of power at the core of the debate on participation, some very serious problems with community participation have been revealed by Ugalde (1985) and De Kadt (1982) in Latin American case studies. Redistribution of power means that the previously powerful relinquish some of their power. This can cause grave consequences for active communities where their gain of power can be seen as subversive and be brutally oppressed. In a more recent review of participation strategies in the UK, Wright, Parry and Mathers (2005) repeated the problems of community participation and concluded that, based on the growing experience with HIA and those problems, HIA professionals are more and more inclined to exclude the community and work with 'hard evidence'. In that case, what may be seen in the future is what Zakus (1998) observed as Resource Dependency in Mexico where community participation is just listed as part of the process in order to receive the resources needed to secure the viability of a program.

It is beyond this review to examine if such criticism applies to HIA in developed democracies or not. However, the situation in developing countries is very different within different historical, social, political, and economic contexts. It can be claimed that people in developing countries have been oppressed or ignored for too long, and to right the wrongs of the past, they deserve full attention, even if it may take longer, cost more and is more difficult to accomplish. And, like elsewhere, they must be given the opportunity to learn how to participate or contribute at a level and in a way they desire.

Perhaps, the overall approach to the conduct of HIAs needs to be different for developing and developed countries.

In summary, it is interesting to note that published criticism on community participation in impact assessment has been available only recently and it appears to come exclusively from within the field of HIA practitioners. As most would have a background in health or related sciences, such as medicine, epidemiology and so on, one wonders if this is a modern continuation of the old 'doctor knows best' approach based on the biomedical model where power imbalance dictates the partnership between scientist and community member. Scientists plan, collect data (figures), produce results and recommend or implement outcomes. Similarly, it seems, policy makers or experts prefer to plan, collect data (figures), analyse and implement the previously decided upon plan. Much of the criticism evident in the literature seems to support this view, such as the example of the decision makers' jeopardised time frames. This argument is puzzling, indeed, as governments', agencies' or developers' time frames are not a problem of the community in question and, therefore, are not valid reasons for over-riding the community's rights to be included as a core stakeholder. Furthermore, the assumption that inability or unwillingness on the community's part is a reason to conduct an assessment without the explicit involvement of the population seems alarming. Perceiving a community as unable, unwilling or not interested would indicate that little effort has been made to discover the community's views, attitudes and needs in the first place. Therefore, a program or project has been planned already that is either irrelevant to all or part of the community or is not understood because concepts and implementation are largely highly technical, outsider-driven and rely on the assumption that communities will accept what policy makers or developers think is best for the community. While Morrison, Petticrew and Thomson's (2001) arguments sound as if they had the community's best interest at heart by not including it (to improve the quality of the assessment and to avoid raising expectations that cannot be met), this seems more as if community involvement is a task in the 'too hard'-basket. Finally, excluding the community on the basis of the questionable worth of its knowledge and opinion is indefensible. It reminds again of the exploitation of people through a power imbalance that overrides people's basic human rights based on the supposedly superior knowledge of policy makers and knowledge

élites, and allows a paternalism that can be considered as undermining community and cultural values and self-determination which are seen as important to health. However, other writers have discussed the merits of people's knowledge and a short review is presented in the next section.

Lay Knowledge

Closely linked with the discussion of advantages and problems of community participation or involvement comes the question of the value of lay knowledge. If the knowledge of the general population or 'lay' knowledge is seen as inferior or irrelevant, then any pretence at including their participation to any degree into the process of impact assessment should be ended. Parry and Stevens (2001) claimed that current HIAs are excessively subjective and they question the validity of lay input, considering it is based on opinions only. Macintyre and Petticrew (2000) commended the 'good intentions' of social scientists and public health professionals (and lay contributors) when it comes to health promotion or community development but made a strong point for evidence-based medicine (EBM) and claimed that the hostility against EBM lies in several misconceptions. Ultimately, they claim that only data obtained in controlled settings would provide the required robustness.

Other writers acknowledge the value of lay knowledge, not just as factual knowledge including traditional knowledge or indigenous wisdom, but as the ability to collect data and information leading to a lay knowledge base. Brown (1992) emphasised the value of lay collected and compiled information, a process he called 'popular epidemiology' and pointed out that this experiential knowledge is often available long before scientists are aware of a problem. Furthermore, he indicated that lay involvement is not merely 'good politics' but also 'good science' and explained that 'lay involvement identifies the many cases of "bad science", it points out that "normal science" has drawbacks, public distrust of official science leads people to seek alternate routes of information and analysis, and popular epidemiology yields valuable data often unavailable to scientists' (p. 277). A 'popular epidemiology' process was also employed with much success by San Sebastián and Hurtig (2005) who examined the public health outcome of oil

development in the Ecuadorian Amazon.

Abelson et al. (2003) concurred that, today, participation requires a more knowledgeable public but contradicts critics of lay people's apparent limited knowledge by saying that the application of deliberative methods will allow the required knowledge to be imparted and so make for more meaningful participation. However, these authors focused this suggestion on a Western context. The importance of lay knowledge in HIA, according to Elliott, Williams and Rolfe (2004), lies in its ability to provide better insight into how determinants of health are linked to and affect the 'real and meaningful conditions in which people find themselves' (p. 89). They argued that if we are concerned about rigour in the HIA process but ignore the more social and political aspects of health determinants, HIA 'will be irrelevant to real-life situations' (p. 82). Similarly, Popay, Williams, Thomas and Gatrell (1998) emphasised the value of lay knowledge in providing insight into the relationship between the social environment, where they also include 'place' and 'time', and the community's understanding of health and illness. Macaulay et al. (1999) and Cornwall and Jewkes (1995) also appreciate the value of lay knowledge in research. In accordance with Woldraczyk and Tennyson (2003), Calman and Royston (1997) using the example of 'risk', proposed the need to translate such a concept into a more useful language for lay people so that they can contribute to meaningful communication. Arguably, this applies to any concept for which the public may have a range of meanings or definitions. Taking on board the apparent advantage and value of people's knowledge, this knowledge should inform aspects, characteristics or indicators used to measure or assess events that could have an impact, positive or negative, on people's health as they perceive it.

Summary

This chapter presented a critical overview of selected literature on the historical and philosophical evolution of impact assessments that are currently in use to plan, monitor and evaluate programs, projects and policies. An adaptation has been published in Bauer and Thomas (2006; Publications B). Impact assessment was created as a response to predicted negative environmental and social outcomes of large engineering projects,

where economic cost-benefit analyses, precursors of the modern economic impact assessment, have been the staple approach of the business world. Changing world views have led to an acceptance of impact assessments as a general requirement for developments, not just to ensure sustainable business opportunities for the developer. Over the years, impact assessments have been refined and several useful manuals and guidelines have been produced to achieve a degree of standardisation and comparability. Some guidelines stand out for their meticulous detail in measuring, monitoring and comparing trends of scientific data and their ability to guide experts to assess the potential benefits or costs of a plan and suggest mitigation of negative consequences. However, although the need to include the target community in the assessment process has been acknowledged over the last 10-20 years, critical analysis of the literature demonstrates that much of this acknowledgement is mere tokenism, and that complex criteria and rigour that such involvement requires have not been established.

Communities' individual and collective rights have been acknowledged in a range of international declarations, such as the Declaration on the Rights to Development of 1986, the Rio Declaration on Environment and Development of 1992, and, among others, the recent Brisbane Declaration on Community Engagement (2005), but in practice such rights seem to be ignored. The inclusion of criteria that are meaningful to the community, not primarily to the developer or company seeking a business opportunity, has not entered the wider impact assessment discussion. There are a few notable exceptions, such as Eyles (1997) in EIA, Buchan (2003) in SIA, and Mittelmark (2001) for HIA. These authors argue that without understanding the world of the community and its people's understanding of core concepts such as well-being or local values, assessments are based solely on outsider-driven understanding of the world and, as such, are meaningless. This may be considered unethical by some, not least because it is the local people who have to live with the impact of developments in their daily lives, not the scientists designing assessment tools. This review has demonstrated that impact assessments rarely originate from the community or are community-controlled. It is of even greater concern where vulnerable rural, remote, poor, indigenous or other marginalised communities, especially in the developing world, are concerned.

Few would question the need for reliable and valid variables and indicators, and their crucial value when it comes to measuring quantitative impact data. Those are based on a long evolution of scientific knowledge, and indicators such as the monitoring of toxin in water or the mortality rate in a population cannot be accomplished in any other way. The point here is that there are other criteria that have been omitted to date which are at least as important as scientific data, and these criteria are important to the community.

The gap between the theoretical inclusion of community involvement and the lack of guidelines regarding its practical implementation points to a reluctance or an inability to deal with this requirement because it is such a complex issue. At this point in time, no protocol seems available that allows current practitioners to implement the inclusion of community-validated indicators in their assessment. Therefore, this study provides a starting point for developing a protocol to design community-based indicators that not only should be included in current IAs but take up a prominent position. Only when this happens do communities have a chance to be true partners of developers who wish to take advantage of community resources as is the case in many tourism enterprises. Following the principles of the concept of Corporate Social Responsibility, it has to be the community that decides for or against a development after careful consideration of its impact - not the developer forcing a community to react, respond or deal with the consequences. After the contextual background to the study in the preceding chapters and this examination of impact assessment, the following chapter will discuss the methodological aspects of the field work portion of this study.

CHAPTER 8 - METHODOLOGY

One aim of this study was to explore the literature on a range of areas within which tourism in developing countries can be positioned. Chapters 3 to 7 presented the outcome of this review and provided a background to the second aim of this study, the fieldwork carried out to obtain local people's perceptions of core concepts necessary for a healthy community. This chapter will outline and justify the methodology adopted. It will present the ethical considerations required in a developing country context. Next, it will introduce the two study villages and report how access to the setting was gained. The choice of data collection methods is explained and their use in the field is described.

Design

In designing this study I had to be mindful of the participants' position in their society. After all, their lack of power in the big game of international tourism was the reason for this study in the first place, and the eventual outcome of this research was intended to benefit them by informing the development of a tool for decision-making.

Vulnerable Study Populations

The previous literature reviews have demonstrated convincingly that major inequalities can be detected in the interrelationships between corporate tourism and local destination communities who are, often involuntarily, at the receiving end of visitors and impacts. Therefore, for this study, the notion of research with vulnerable people is of great importance. Vulnerable, in a research context, can mean different things. First, there are those who are, for whatever reason, unable 'to make personal decisions, to maintain independence, and to self-determine' (Moore & Miller, 1999, p. 1034) which usually includes children, women (especially when pregnant), older people and the mentally ill. Vulnerable also are those groups who are marginalised, and often stigmatised, in society, such as the homeless (e.g. Booth, 1999), people struggling for human rights (Speed, 2006), ethnic minorities, or victims of crimes. 'Hidden' is also used for some

populations, although this term includes ‘deviant’ groups, such as those addicted to drugs, sex workers or criminals. Vulnerability also occurs through economical and educational disadvantage (Stone, 2003). Although Stone refers here to clinical research, this aspect applies to any research. In this fieldwork, it is important to acknowledge that social and political disadvantage also creates vulnerabilities due to structural and political power inequalities, here evident in poor, neglected villages. Following on from Liamputtong’s request ‘to find ways to bring the voices of the poor to the fore’ (2007, p. 21), it becomes a researcher’s obligation to make these voices heard because not doing so will maintain the status of marginalisation. Ethnography is one approach suited to letting people speak and their voices being heard.

Ethnography

Based on anthropological tradition, ethnography represents a method that strives to understand and describe people’s perception of reality within their cultural framework (Grbich, 1999). The classic works by Spradley, *The Ethnographic Interview* (1979) and *Participant Observation* (1980), have guided numerous researchers through ethnographic methodology. The word derives from the Greek ἔθνος (ethnos = nation, in contrast to ‘people’ as is commonly found in the literature) and γράφειν (graphein = to write). It allows in-depth insight into not only what people do but, more importantly, the reasoning behind those actions. Of note, Spradley (1979) requested that ethnography should be conducted ‘in service of humankind’ (p. 13), not just for knowledge’s sake. A prerequisite is that the researcher adopts an emic perspective (insider’s view) to understand local world view and priorities. ‘The ethnographer participates, overtly or covertly, in people’s daily lives for an extended period of time, watching what happens, listening to what is said, asking questions; in fact, collecting whatever data are available to throw light on the issues with which he or she is concerned’ (Hammersley & Atkinson, 1983, p.2). Information sought usually includes, but is not limited to, cultural behaviour, artefacts, speech, customs, traditions and mythology. Today, ethnography is utilised in many disciplines interested in describing interpretations from the perspective of people but also, as Sangren (1988) demonstrated, ethnography is adapting to changes in world views as well. The same can be said about anthropology which has evolved to

include specialties such as Applied Anthropology (Ervin, 2000) or Action Anthropology (Bennett, 1996). Cole chose action anthropology (2005a) in tourism research in Indonesia, where she employed Action Ethnography (2005b) to collect participant observation data. Because of the complexity of the information sought, a range of different data collection sources and methods is utilised. Modern ethnography extends beyond the traditional participant observation and in-depth interview (e.g. Glantz, Halperin, & Hunt, 1998, in their study on domestic violence in Mexico) and includes a range of flexible and alternative methods, some of which have been integrated in this study. Here, it was planned to obtain statistical baseline data for the area and then utilise conversations/interviews with photo elicitation, and a rank-ordering method, to elicit people's views, along with general conversation and observations to obtain an understanding of the context in which the data collection took place.

Rapid Ethnographic Appraisal

Classical ethnography usually means a lengthy stay of months or even years in a target community. A more contemporary view is that a faster and shorter way of collecting ethnographic data is to use rapid assessment procedures (RAP), such as Rapid Rural Appraisals (RRA) (Ervin, 2000; Scrimshaw & Hurtado, 1987). Rapid procedures seem to be used predominantly in developing countries. They also seem to be favoured in applied anthropology. Applied anthropology is often conducted outside academia but its most important feature is that concrete recommendations are made for specific purposes which relate to the anticipated effects of human activities, e.g. the documentation of impacts of projects on humans. It is also used when deadlines exist and decisions have to be made quickly based on the ethnographic results. In community settings, RAPs are usually conducted over periods of up to six weeks (Ervin, 2000). Obviously, in contrast to classical time-consuming ethnography aimed at uncovering rich data of meanings, associations and explanations within a cultural context, rapid ethnographic methods are useful where relatively clear and pragmatic views regarding a specific focus are sought. Therefore, a limited availability of time on location can be counterbalanced by a thoughtful approach to planning, accessing and living in the location, and choosing suitable data collection methods, always mindful that things may change if plans do not

correspond with local people's wishes.

Four areas of potential concern with RAPs identified by Harris, Jerome and Fawcett (1997) are accuracy, utility, feasibility and propriety. One important dimension for researchers to take into account when trying to ensure accuracy is the consideration of data validity and how this can be assured, especially when working cross-culturally. Triangulation, especially data and method triangulation (Denzin, 1989), can minimise misinterpretation of local meaning by employing at least two different data sources or methods of data collection in order to cross-check information. In the study described in this thesis, two data collection methods (interviews and rank-ordering) allowed a formal triangulation. The information obtained could be confirmed by informal triangulations with general conversations either with the same person or with other people, and through observations made during the entire stay. These observations provided a sound backdrop in which the findings could be tested and confirmed for cultural validity and reliability. The term utility refers to the usefulness of the results to all potential stakeholders. While it is not possible to foresee the results' usefulness to all potential stakeholders, e.g. including the corporate sector with tour operators, developers or other business people along with the community members themselves, the wide mix of study participants, and non-participants, involved in conversations added credibility to the study. In addition, the project proved feasible and, as per requirement, ethically appropriate (propriety).

Ethical Considerations

A number of issues unfold when research is conducted in a cross-cultural setting, particularly, when the study is located in a developing country. Before even looking into procedural details, a major ethical issue in health research is the so-called '10/90 gap', a euphemism pointing to the unpalatable fact that less than 10% of global health research expenditure is spent on health conditions affecting over 90% of the world's population (Ijsselmuiden & Jacobs, 2005; Simon, Mosavel, & van Stade, 2007). Furthermore, when conducting research in non-Western societies, one needs to consider that there may be different concerns regarding privacy, confidentiality, dissemination of information or

even consent giving. Informed consent, protection from harm, confidentiality and voluntariness of participation are generally assumed to be universal criteria. However, Marshall (1992) pointed out that informed consent in applied anthropology can be problematic because, first, in ethnography often the precise nature and scope of a study is difficult to predict; second, language barriers can be aggravated by having to involve translators (nuances may be lost); third, the danger of 'ethical imperialism' (Angell, 1988), i.e. applying a Western perception of ethics and, fourth, the need to establish an appropriate person to give consent considering local customs of decision-making authority. Recently, Harper (2007), a medical practitioner and anthropologist, illustrated the need to re-visit ethical frameworks, and especially informed consent, with his own research in Nepal. Rigid ethics guidelines in medicine or anthropology, he argued, do not cater for real-life situations in the field. Only over the last ten years, a marked increase in academic literature on ethics in health research in developing countries has been evident, but it focuses predominantly on clinical research. Papers range from questions of who benefits from clinical trials (Del Río, 1998; Varmus & Satcher, 1997), practical guidelines (Emanuel, Wendler, Killen, & Grady, 2004), and questions of local relevance of research objectives and design (Simon, Mosavel, & van Stade, 2007) to scholarly discourses on research ethics against the backdrop of world poverty and exploitation of the disadvantaged (Benatar, 2002). Notably, the 2000 version of the Declaration of Helsinki has added the 'economically disadvantaged' (provision 8) to vulnerable populations (Forster, Emanuel, & Grady, 2001). Emanuel et al. (2004) and Shapiro and Meslin (2001) confirmed that obtaining written consent may not be culturally appropriate. The Association of Social Anthropologists' ethical guidelines (1999) provide useful suggestions for responsible cross-cultural research. In Peru, having to sign unfamiliar documents, as would be the case with informed consent forms, is often viewed suspiciously as a form of governmental interference in village affairs. However, excluding vulnerable people from the opportunity to participate in research because appropriate protocols do not agree with Western inflexible approaches to procedures, could be criticised as patronising (again) and taking away their control and ability to make their own decisions. Bhutta (2002) suggested that ethical research in developing countries should incorporate community participation in questions of protocol development or ethical priorities.

My previous investigations in Peru had led to my understanding that there was no particular local umbrella organisation which needed to approve of the study. Therefore, in the spirit of community participation, the necessary information about this project was discussed with the president and mayor of the two communities who then advised me on the most appropriate procedure for their location. The mayor of a community is an elected representative of the government administration and the president is an elected representative of the community. Both needed to be involved in order to gain access to the two communities and to obtain written consent on behalf of the people. In each village, both were given the Spanish version of the information sheet and the consent form (Appendix C). The forms came in two versions, one from Curtin University of Technology and one from my employer James Cook University, to satisfy each ethical committee. This duplication was explained to the administration. The document emphasised that participation was voluntary, the confidentiality of any information obtained by an individual, community members' right to refuse participation or to withdraw from the study without repercussions, and it advised on the use of codes in data reports. The nature of this study did not involve physical stress or mental discomfort, nor did it elicit personal, sensitive or private information, or involve any form of deception. Also, there was no relationship of dependency between the researcher and the community members, although I am, of course, aware of the power imbalance inherent in all interviews (e.g. Briggs, 2003) which will be mentioned again later in this chapter. Only general information about concepts of health and well-being were obtained, and this was done with care to ensure it was non-threatening and non-invasive. The Spanish consent forms were signed and officially stamped with the seal of the respective office. As there was a possibility that a proportion of the population was illiterate, this approach also minimised potential embarrassment for participants because no individual reading or writing was required in the process. Later, after my return to Huaráz, the capital of the Department of Ancash, photocopies were made of those documents and returned to the communities for future reference. The authorities in both villages were happy to have their communities' names published. While village names are used in this thesis, pseudonyms will be used in publications to ensure some protection for the villages.

As anticipated, and following the agreement with the leaders, verbal consent was then obtained from the individual participants. Participants did not receive any monetary remuneration but I honoured the principle of reciprocity. Each participant was offered a small self-made colourful envelope with high-altitude flower seeds (Appendix D). The seeds were purchased from the Ministry of Agriculture in Huaráz prior to my visit to the communities and I made the envelopes mostly with local material. The gifts proved highly popular. Although the pecuniary value was low, it was seen as appropriate. The concern with low value gifts relates generally to research where great profits are to be made from shared local knowledge, for example, by pharmaceutical companies (Benatar, 2002). In addition, in Llamac, English classes were offered (though not taken up) on the request of a group of *arrieros*. In Queropalca, the mayor received a larger amount of seeds for the entire village as well as the agreement to assist with projects to improve village life should he request advice. A teacher received help with preparing English classes at the local school. In both villages, the people enjoyed and seemed to benefit from my presence, apparent in numerous solicited conversations, requests for advice (including floor plans for planned constructions!), help with overseas phone calls, and general help where needed. I made a particular point in ensuring that copies of photos I had taken during my stays were not just promised (as is done so often) but, despite the lack of a regular mail service, were sent to the individual persons at the earliest opportunity after they were processed in Australia. The study adhered to all the requirements set out by the ethical committees at Curtin University of Technology and James Cook University, and by the NHMRC-Guidelines in relation to the protection of subjects, and data handling and storage. All data will be stored for five years in a locked cabinet at the researcher's workplace. While on location in the communities, and during travel back to Australia, data were transported in a locked hand carriage. Electronic data were password-protected.

Although Emanuel et al. (2004) developed eight ethical principles specifically to apply to clinical research in developing countries, they were nevertheless considered applicable for employment in this current study. First, the principle of collaborative partnership, including the respect for the host communities' distinctive values, culture and practices, found its consideration not only in the procedures but in the topic of the

research. Second, the principle of social value has been considered which includes the question of the benefit of the study as well as the strategies to disseminate the results. Third, scientific validity includes the fact that the study was designed such that the findings will be beneficial in the context of the health situation of the communities. The fourth and the fifth principles, 'fair subject selection' and 'favourable risk-benefit ratio for individual and community', were observed by the exclusion of coercion or risk. Sixth, independent review of the study protocol was conducted by two university ethical committees. Seventh, informed consent was obtained according to local protocol including the consideration that 'spheres of consent' may be required before individuals can be approached. Eighth, 'respect for recruited participants and communities' was always a prime concern and was met at every step of the project, including ensuring confidentiality, advising of the right to withdraw and the plan to inform of the results as soon as the thesis was completed and travel to the region was possible.

Settings and Access to the Communities

Two communities in the Cordillera Huayhuash (see Chapter 2) were identified as study settings, one with very basic tourism involvement for a few decades, the other with very little experience to-date with tourists. This assessment was based on a subjective judgment of the amount of tourism traffic not, for example, on the geographical distance to tourist activity concentration as done by Faulkner and Tideswell (1997). Previous visits by me to Peruvian rural communities made clear that long-term planning of access to a village is inappropriate, and that involvement needs to be determined when on location immediately prior to any planned activity. People are very busy with day-to-day activities and present day concerns. Anything that is not of immediate interest or in need of immediate intervention is seen as low priority. On the other hand, activities that are to happen within a shorter time span, such as within a few weeks, can be initiated by distributing the information which, while not necessarily ready for action, is still remembered, and the link between announcement and event is still established. Kluckhohn and Strodtbeck (1961) developed a model for cultural assessment based on what they called 'value orientations', which take on different forms in different cultures and societies. One value orientation is 'time'. Societies can be grouped into those with

a predominantly future, present or past orientation. Present orientation applies to cultures where current events, needs and necessities take priority as they are crucial for immediate survival. Planning future events that may or may not happen has low priority. The two communities displayed characteristics of a present oriented society. The villages and the method of initial access are described next.

Llamac

The pretty village of Llamac (3200m) (Appendix E-1) has long been the classic starting point of the Huayhuash Circuit. Previously, it could only be reached by horse or mules on a day-long trip from Chiquián and, for its remoteness, was only visited by few trekkers and mountaineers each year. However, in 2004, an access road established by Mitsui Mining and Smelting for their mining supplies cut down the travel time to 1½ hours by vehicle. Notwithstanding its true purpose, this road was advertised by the mine as a ‘gift’ to the community. Indeed, its existence provided some benefits for the village such as access to the larger Chiquián, or to a smaller village further up the road, when a vehicle was available. Llamac is situated along the shores of a small mountain river and, with several cultural and historical attractions, and the almost daily appearance of a group of now very rare condors, it warrants a stay of a few days. Due to the new road, however, many tour agencies and individual tourists bypass Llamac now, and the few shop and accommodation owners, *arrieros* and guides are affected by the decreasing business opportunities. Llamac’s approximately 2000 inhabitants speak Quechua and/or Spanish, but I was unable to ascertain the proportions of either indigenous people or mestizos.

I had known the community from a visit the previous year. During that visit, people had complained about waste problems (human and solid) around the trek, water pollution, and a general undefined unhappiness around tourism. This is of great importance to the study, because it was the local community that had identified the concerns or impacts. This is already a very different start to an impact assessment compared to the procedures critically presented in Chapter 6. It also responds to Spradley (1979) claiming that ethnography should deal with informant-expressed needs, not just researcher interest.

With the role that Llamac had played in tourism over the past good 30 years, it was a suitable representation of a village with tourism involvement. While still in Australia, I had established contact with a geographer and researcher from the University of California who has been living in Huaráz for a number of years. His involvement with a non-governmental organisation incorporating all local communities in the Cordillera Huayhuash, and his personal knowledge of all representatives provided a helpful stepping stone to the introduction to key stakeholders and relevant officials. He had already discussed my study with the administration in Llamac a little earlier and, when I arrived in Huaráz, he introduced me to the president of Llamac who had just been in the city for a short visit. The president advised that a few days after my arrival in the village, the monthly village assembly (*asamblea*) was due and suggested that I introduce my project there. These assemblies are a historical feature of village governance throughout Peru (Orlove, 1985). Attending this meeting is compulsory (with attendance roll) for each head of household or, in his absence, his representative, usually his wife. Assemblies take place on Sundays, last from approximately 9am sometimes up until 10pm, cover issues relevant to the community, and important decisions are made there. I was given permission to speak after the president had opened the meeting, and general approval and interest were noted. This represented a further step to ensure that people were involved as much as possible at each step of the project (Paradis, 2000).

Like many highland settlements, this community has had its fair share of visitors apart from tourists, who came with various hidden agendas or business interests, few for the benefit of the locals. Previously, members of *Sendero Luminoso* arrived and then terrorised the area. The impact of the political violence on the mountain people had not attracted any humanitarian interventions compared to other, more visible, regions (Pedersen, Tremblay, Errázuriz, & Gamarra, 2008), nor has it raised appreciable concerns for people's mental health in contrast to, for example, Nepal (Tol, Kohrt, Jordans, Thapa, Pettigrew, Upadhaya, & de Jong, 2010). Later came representatives of sects, researchers, prospectors, developers. Even Morales (1989), returning to his native Andean village for sociological research, found access very difficult and described his problem when people continuously changed their minds about his presence in the area, let alone participating in his study. In Huayhuash, previous deceit has created a level of

suspicion towards any new face, although people are still very friendly and cordial. These general suspicions have been confirmed later in some of my conversations. However, I have not once experienced any problems, and I believe my genuine interest in people's views assisted my progress.

Queropalca

The second community was unknown to me at the time but had been recommended by the same researcher who has been working with Huayhuash communities for years. He was also able to announce my arrival to the president while I had been working in Llamac. Queropalca is an alternative, but still rarely used, entry to the Huayhuash Circuit. Queropalca (3831m, also approx. 2000 inhabitants, and belonging to the Department of Huánuco) (Appendix E-2) is interesting in that it is not an indigenous village but is inhabited mainly by descendants of workers from a range of European and South American countries who were recruited by the Spanish to work in their mines (Orlove, 1985), a 'creation of Spanish colonialism' comparable, though not in size, to Potosí in Bolivia (Pretes, 2002). Therefore, Quechua seems not spoken here and, indeed, after knowing the history of this community, I understood why many people's faces were not quite those of the traditional Andean village. Again, located in a very pleasant valley along the shores of a river, the village impresses visitors with a very friendly and welcoming atmosphere. In contrast to Llamac, I stayed in a municipality-run accommodation and had, therefore, less of a connection to an individual family. All meals were taken in one of the small restaurants and, due to this routine, I became, in a way, part of the family that ran the restaurant. Similar to the first village, permission for the study had been granted by the president and the mayor. Unfortunately, the village assembly had been held shortly before my arrival and, therefore, it was not possible to introduce the project to a larger number of people at the same time. However, the authorities had initiated a good 'word-of-mouth' campaign, and everybody I spoke to later had been aware of my presence.

Sampling

It was clear from the outset that the procedures utilised in this research needed to be grounded in and directed by the advice, protocols and procedures dictated by the local communities. It was important to allow community leadership and community members to direct the protocol for establishing contact with potential participants. The authorities had not suggested a particular protocol for contacting community members but left the recruitment procedures up to me. Even the smallest village in Peru has a central plaza where one can meet people, just by ‘hanging out’ (Liamputtong, 2007). Initial contacts were made there, or during my many strolls around the villages where often I was pulled in from the street for chats or to sample delicious *papa y queso* (potato with cheese). These contacts then lead to contacts with others through informal snowballing. Socialising was also Morales’ (1989) prime method of recruitment. In addition, my address at the assembly in Llamac lead to some self-nominations for recruitment.

I had the signed consent forms with me at all times to show the authorities’ approval if requested but interest in those was very limited. This reminded me of Morales’ warning that official sponsorship, which typically includes letters of recommendations but could apply also to official signatures, may be detrimental for access because of possible tensions within a community or hostility against the government. I never found out if there would have been a problem with some participants, though I did learn that idyllic mountain villages are not necessarily harmonious places. What had a much higher standing in people’s eyes was that, ten years earlier, I had studied at the Universidad Peruana Cayetano Heredia, whose world-class reputation in medicine and health was known even in remote areas in this country. An additional issue that Simon et al. (2007) had alerted to, was the potential confusion of the roles ‘researcher’ vs ‘service-provider’. This did happen, much more so in Llamac, with people asking how much money I had brought to the village or which project. This is clearly a reflection of getting accustomed to NGOs or individuals bringing ready-made solutions, an issue of great importance and concern that will be addressed again later in this thesis.

Non-probability sampling allows the selection of participants whose knowledge and

expertise provide useful information pertinent to a study. For this part of the project, two sampling methods were used. First, purposeful sampling was planned to select community members who had specific links to the topic (key-informants), such as local health professionals and traditional healers (*curanderos*). However, government health professionals were not locals, and only one *curandera* was encountered who, as the owner of a shop-cum-restaurant and rooms to rent, was included in the general population. Convenience and snowball sampling recruited members of the general community. The plan was to speak to approximately 20 male and female participants (or up to data saturation) within an age bracket of 18 - 70 years. In Lllamac, eighteen formal conversations were recorded, in Queropalca, seventeen villagers shared their views. However, despite the internal referrals that I received, it still required a considerable effort to find people for several reasons, as listed below:

- 1) villagers leave early in the morning for their fields and return late in the afternoon from the mountains, normally in a very tired state;
- 2) there was no electricity; talking after 7 or 8 o'clock was difficult (it is dark by 6:30pm), and people go to bed early;
- 3) people were occupied with village obligations, and anticipated and non-anticipated events, such as festivities, the carnival, the several-day blockage of the access road due to a massive landslide, and two days of no water supply;
- 4) when it rained less (making interviews easier and more likely), even more people went to work in their fields;
- 5) preparations for elections meant that some potential participants had to travel and leave the village in order to get their documentation arranged in time for the election; and
- 6) a number of people who had agreed to participate in the study travelled suddenly without advising me.

Data Collection Methods

Part of the second aim of this study was to, first, obtain statistical background data on the study area before eliciting information to understand people's views on prerequisites

for a healthy community.

Statistical Information

Before leaving Australia, extensive database searches were undertaken to uncover statistical data in general, and in health and in tourism in particular to add figures to the description of the study locations. Apart from databases and the scholarly literature, international and Peruvian governmental statistics were consulted. Although scientific research is available on the Cordillera Huayhuash, these studies usually focus on geology, biology, or conservation issues but do not provide detailed population statistics of the area or specific settlements. Very little seems accessible on health and on tourism in this particular region. Recent work includes a Masters thesis on the political ecology of a mining operation close to Llamac (Kolff, 2000), and ecotourism-focussed work by Bury (2006, 2008). In official statistics (international, such as WHO, and national, such as the Ministry of Health or MINCETUR), the area had been excluded altogether, and even at the time of writing, a dearth of information still exists, as is described in Chapter 2.

Once in Peru I tried anew to trace statistical data at least on the two study villages. However, as I had suspected, very little information, if collected at all, seems available. There are a few reasons for that. First, the remoteness of the area translates to a very low level of importance to the authorities, and governmental neglect is evident and referred to in the villages. This is not helped by the fact that the Cordillera is situated at the edge of three regional jurisdictions (Lima, Ancash, Huánuco; Appendix A-2), therefore, it seems none feels particularly responsible. Because there are health posts, clinics and centres, there are patient charts and, consequently, handwritten lists or statistics that need to be forwarded at regular intervals to the next higher level of authority in the Ministry of Health. However, what happens once the documents leave the village is unclear. There is no provision to collect tourism data on location. Those communities that charge for the use of their land have produced spectacular ledgers and receipt books with a carbon copy being retained by the community treasury. However, the posts are not necessarily manned around the clock and some tourists will also manage to avoid

those posts. Therefore, these would not be a reliable source of data.

It became clear very quickly that, for now, I had to abandon the inclusion of statistics and concentrate on the fieldwork in the communities. To attempt to see any figures, one would have to trace the paper trail personally in the three Departments, with the appropriate permission and lots of patience, clearly a very time-consuming exercise. However, this should be done at some much later stage in a separate project, especially when the tool development is to be based on the needs of one specific village.

Observations

It is impossible to live in a place and interact with people, and not register surroundings, setting, behaviours and events. If such a stay is linked to research, the observation of people, places, activities and so on becomes the canvas onto which research findings are painted to obtain a rich picture of understanding. Research literature usually only distinguishes between participant and non-participant observation. However, in his classic discourse, Gold (1958) identified four possible roles for observers: the complete participant, the participant-as-observer, the observer-as-participant, and the complete observer, suggesting the prevailing need for a finer differentiation of observational research situations.

In this study, there was no plan for a formal observation. However, my role in the villages was determined by the community members when I was included in village life virtually from the day of arrival. According to Gold (1958), I would have been a participant-as-observer because villagers were aware of my researcher status but observation was not the main reason for me being there. Through being included in many duties, whether for individuals (e.g., feeding the pigs) or for the whole community (e.g., assisting with the preparation of the carnival tree in the village square), and numerous informal conversations, I was able to put people's shared information in context. In Appendix F, my time in both communities is presented in an informal diary format to demonstrate how the collection of information was a dynamic response to daily village life and, hence, able to detect nuances of culturally specific information. It

also shows how the data collection was also influenced by the people's response to my stay in their communities, my activities, and their willingness to accept me and share their views. All of these responses occurred within the framework of their perception of the world and their cultural concepts. As my observations were informal, they only make an informal contribution to the interpretation of interview and ranking data. However, where the link between finding and observation is strong, this will be pointed out in the interpretation in as appropriate and necessary for understanding in Chapter 11.

Interviews

For over 50 years, interviews have been an established data collection method in qualitative research. Interviews are used as a sole method, as a method to prepare the ground for larger-scale quantitative work, or to examine in more depth issues previously unknown, or trends and patterns of findings uncovered by other methods. Often, they complement various forms of observational methods. Interviews are employed to discover meaning, and to facilitate an understanding of people's experiences and life-worlds. They follow a naturalistic-interpretive paradigm, in contrast to a reductionist world view which solely relies on precise, measurable, hence, unambiguous units of existence as representatives of 'truth' or reality. Historically, interviews were classified as structured, semi-structured and unstructured. Copious methodological literature at the time, for example, Denzin (1989) or Spradley (1979), to name two classics in a vast range of publications, clearly shows that each type of interview followed a strict, mechanical protocol. In hindsight, this can be seen as a response to the severe criticism qualitative research experienced by positivists who declared qualitative research soft and subjective, therefore, unscientific (Goodwin & Goodwin, 1984). Adhering to strict protocols and prescribed steps enabled researchers to defy such accusations.

After decades of stormy battles between the qualitative and the quantitative 'camps', it seems that each approach is now accepted as legitimate in its own right without the need for suspicion from 'the other side'. In this context, qualitative research has developed further, standard methods have been expanded, and new methods have been added. Subsequently, the method of interviewing has undergone changes based on a changing

perception of the researcher-respondent relationship. Previously, this relationship was seen as exclusively asymmetric with the power lying with the researcher who was in control of designing, asking, analysing and interpreting, and the respondent had to answer questions (Briggs, 2003). Nowadays, a change towards an interactional construction of reality or truth is proposed (Holstein & Gubrium, 2003), where the respondent is active and acknowledged as the source of knowledge. This then leads to a power balance and a symmetry within the interview process. It is interesting to note that it took several decades to realise the importance of the interviewee. After all, without his or her knowledge and readiness to share, the researcher would have had no power at all!

Rubin and Rubin (2005) understand the qualitative interview as an extension of a friendly conversation 'in which the researcher guides a conversational partner in an extended discussion' (p.4). In ethnography, Spradley (1979) had already suggested this approach earlier as much more beneficial than any formal interrogation. These conversations are unique, questions cannot be ticked off mechanically from a pre-designed list, but the course of the encounter is also excitingly unpredictable. In that sense, Rubin and Rubin characterise the cultural interview (as opposed to the topical interview which focuses on specific and narrow themes) as being much more flexible and adaptive and 'more about active listening than aggressive questioning' (p.10). They continue: '...or the interviewer asks for examples that illustrate widespread assumptions, norms or common behaviours. Whether the example is factually true or not is less important than how well it illustrates the assumptions and norms' (p. 10).

In this study, participants were seen as conversational partners. Each conversation was different despite the fact that all concentrated on people's view of a healthy community. No question catalogue was prepared. Rather, in the spirit of Parry, Mathers, Laburn-Pearl, Orford and Dalton's (2007) question of: What can residents teach us?, the question was: What is needed to have a healthy community? As Rubin and Rubin (2005) mention, 'asking everyone the same questions makes little sense in qualitative interviews' (p.14). This was confirmed later in the field where the circumstance of each individual encounter was unique, and each conversation started and ended differently,

with the topic of interest discussed depending on the overall interaction. One needs to remember, the topic of this data collection focussed on concepts of health and well-being within a community framework. No attempt was made to enter deeply into folk or cultural/mythical understandings which would have required a completely different approach.

Two aspects of these interviews need to be addressed now, first, the fact that the conversations took place in a cross-cultural context, and not in the researcher's native tongue (German). Second, the additional use of photo elicitation toward the end of the interviews must be mentioned.

Two Languages - One Meaning

Methodological issues around the use of different languages in research have been discussed for a long time and are certainly innate to anthropology. Though relating to national identities through fiction, Nelson (2007) wrote: 'translation is a cultural practice as well as a linguistic one, wielding enormous power in constructing representations of foreign cultures while simultaneously constructing the subjectivities of its receptors' (p. 361). Translation is powerful, indeed, especially if one gets it wrong. Getting it right is not only important during the communication on location to ensure the validity of the data, but when research findings need to be made available in a generally accessible world language, such as English.

Back-translation is one conventional way to ensure that little if any meaning is lost, and possibly of highest importance when dealing with rare languages in anthropological research, as Brislin (1970) demonstrated in the context of Micronesian languages. He found the back-translation procedure promising but pointed out a number of pitfalls. Perhaps the most crucial one is that the researcher will find it hard to determine 'whether or not his source, target and back-translated forms are equivalent' (p. 192). Back-translation means that, for example, a question/questionnaire is translated from English to the local language, and then translated back from the local language to English by a second translator. Then, the equivalence of the two English versions is assessed.

Guidelines suggest several rounds to increase equivalence (Brislon, 1993; Jones & Kay, 1992).

A different approach is to use a bi-lingual translator in the field. However, this is not a fool-proof solution either and depends much on the qualification of the translator. Furthermore, if the translator's world language is not the researcher's native language (in this study, this would apply to a Quechua-Spanish speaker), an additional step of verification would need to be included here, something that does not seem to happen much. The use of local interpreters, as suggested by Ryen (2003), adds an additional confidentiality issue to the problematic situation. In this study, my Spanish was adequate to discuss with the villagers any issues of interest to the project. In addition, villagers were comfortable with Spanish as it is generally used for conversations with outsiders, even where Quechua is spoken at home. Again, at this stage, conversations centred around pragmatic rather than abstract topics.

Photo Elicitation

For almost two decades, researchers have introduced photography into qualitative data collections with the aim of obtaining richer and deeper information about people's life-worlds. Depending on the focus, different applications have been tested. Photo elicitation (Harrison, 2002) uses photographs provided by the researcher to stimulate people's memory or trigger opinions and perceptions sometimes hard to uncover with verbal methods. In photoethnography (Harper, 2002), the researcher takes photos representing field notes, and participants interpret those images. Reflexive photography (Branch Douglas, 1998) lets participants take the photographs which, more than words alone, may tell more about what people 'see as important for themselves or their cultures' (Harrison, 2002, p. 861). Photovoice (Wang, Ling, & Ling, 1996) has been used successfully to let people photograph their concerns as a basis for participatory needs assessments with the aim of improving, for example, community health.

In this study, photos were used to see if they may trigger any additional information. When a conversation seemed to draw to a close, a set of 13 laminated photos was

produced. The photos had been obtained from the internet, predominantly through Google Images, and were chosen on the basis that they depicted tourism impacts on health. They were not authentic photos of the area but it was possible for the locals to recognise similar issues in their own experience. One photo depicted a large hotel built in a pristine mountain area. Two photos of market stalls, one of which appeared to be Andean, were included, one crowded beach, one crowded outdoor function, and the remaining eight photos depicted landscapes polluted by rubbish or human waste and soiled toilet paper (see Appendix G). The images created a lot of interest and confirmed, generally, the concerns voiced in the interviews. Because photos were not used here as a formal main data collection method, the application as used here could be called ‘informal photo elicitation’. However, further research should consider photographic methods if and where appropriate, and recommendations about their use will be made in Chapter 13.

Rank-ordering

Before leaving for Peru, a simple ranking method had been prepared (index cards, pre-printed data collection sheets, ranking pattern sheets, and a list of tentative items) in case it might be a useful addition to the interviews. In the course of the study, it turned out that this approach was to become the second main data collection method. The entire Chapter 10 will be devoted to justification, background, procedure of data collection, analysis and results.

Data Collection

In Llamac, the data collection took place in early March 2006, and in Queropalca in April, as I had attended a course on tropical medicine at the University of Havana/Cuba at the end of March. I had arrived in the area with prepared cover sheets per participant, forms to enter summarised key findings, a digital voice recorder and a considerable amount of batteries (both villages were still awaiting electricity). Because of the limited time frame, data collection started as soon as I had approval and I had shown myself around the villages sufficiently to be reasonably familiar to the people. Shaffer,

Ruammake and Pegalis (1990) examined the impact of 'high-openers', i.e. interviewers or interviewees who were perceived by their conversational partners as friendly and personable, on the amount and depth of information forthcoming. Some interview topics (similar to some questionnaires) may require a carefully planned start to ensure that the interviewee is not offended or intimidated. I had no particular strategy planned but all conversations started out as a general chat about family members, work in the *chakras* (fields), livestock or village gossip. This initial phase included usually plenty of questions about myself until people felt satisfied with (or exhausted by) the answers I gave. This approach seems to have made a big difference as Andean people do not divulge much to strangers, especially not personal issues (Morales, 1989). The light-hearted chats quietly turned into unstructured interviews.

Unstructured interviews allow the collection of information on participants' perceptions without having any preconceived views of the researcher. While the general area of interest (prerequisites of well-being and quality of life) was pre-determined, this approach was adopted to preserve utmost flexibility in the responses, especially at the beginning of the interviews. Subsequent questions were then more focussed depending on the initial response of the participant. In the community that had already had tourism involvement, more specific questions that focussed on their experience with tourism were added to the interview framework. The interview process was always relaxed and informal, and conducted in a manner that was non-threatening and non-invasive to participants. The questions were general questions about health, well-being and what was considered most important to achieve a good health status. The interviews were relatively short and took approximately 30-60 minutes in total including the rank-ordering procedure and informal conversations on the topic or other themes important to their lives. All participants spoke Spanish. The photos were shown at the end of the interviews, usually followed by more discussions or questions. I often had the impression that people felt pleased that I discussed those photos with them and asked for their opinion, pleased that I considered their views important.

Location and time availability were entirely decided upon by the participant, and 'appointments' were made in consideration of their heavy daily workload. It was initially

planned to digitally record the conversations due to the expected wealth of information that would be obtained, and also to clarify meaning in the future in the case of linguistic ambiguity. However, it became clear very quickly that recording was seen as too official and anxiety provoking and was abandoned for all but one interview. Some notes were taken during the interviews, although care was taken to not convey the feeling of an official 'assessment'. Usually, a few notes were written in English after returning to my room. Additionally, daily field notes were taken consisting of factual, methodological and reflective comments.

Data Analysis

Lofland and Lofland (1984) urge to slowly start analysis of field data as soon as they become available. Initially, it was planned to return to the interviewees the next day, wherever possible, with a summary of the main issues raised to either confirm or modify the information if necessary, to ensure a high validity of the data obtained. It was clear from the start that, in most cases, this was impossible due to the unavailability of participants because of their heavy work obligations. Therefore, the course of the interviews included a return to previously discussed topics to confirm the content or to re-visit the issue anew to make sure that all findings were unambiguous in the end. The ranking outcome per person was another good internal validator of the results. Written field notes were useful to get a feeling for emerging themes. The careful reading of the interview notes and field notes lead to the generation of concepts which were then used to categorise the data (Hammersley & Atkinson, 1983) to determine the core concepts of the communities' perception of well-being. Here, in fact, the concepts mentioned in the conversations were also included in the items in the rank-ordering method. The analysis of the ranking procedure will be presented in great detail in Chapter 10.

Summary

A range of data collection methods were employed to meet the second aim of the study. The methods used during the fieldwork were chosen because they were appropriate to elicit the desired information but also because they could be accommodated within my

limited time in the area. Considering the short time frame per village, a lot was achieved in terms of accessing the location, participating in village life and collecting a considerable amount of information, each activity at times being physically and mentally straining. With the experience gained, a range of other methods will be suggested in Chapter 13 for recommended further research or alternative ways to obtain information for indicator-development. The findings of the interviews with the villagers are presented in the next Chapter.

CHAPTER 9 - INTERVIEW FINDINGS

The data collection involved unstructured interviews with villagers from each community. Very soon it became clear that lengthy in-depth interviews that might enter abstract levels of reasoning would be very difficult at this stage. Therefore, the interviews turned out to take less time than originally anticipated, but they were followed by the more powerful rank ordering method. Nevertheless, the interviews yielded good information on people's views on healthy communities. This chapter presents the information obtained through these conversations. The villagers usually started their response by naming one or several issues without further explanations and, when prompted, often only offered an expansion of the initial answer but no additional insights. The findings of the two communities differed considerably and are, therefore, presented here separately, each starting with the two concepts that seemed of most concern to its participants. Some short preliminary explanations or interpretations are included where appropriate. The codes represent L/Q = village (L = Llamac, Q = Queropalca), 1-18 = number of interviewee in that village, m/f = gender of participant. I had decided against the use of pseudonyms. The random picking of names in a very small community is risky because there might be the one person with this name who, despite all assurances to the contrary, may then be seen as the source of the corresponding information. A brief description of the summarised views triggered by the photos concludes this chapter.

Important Prerequisites for a Healthy Community - Llamac

Over thirty years ago, individuals and small groups of mountaineers and trekkers started to venture into the Cordillera Huayhuash. Llamac was the entry point of the first ascent into the mountain range. Until recently (2004), the village could only be reached after a day long trek on horseback from Chiquián. Then, Llamac provided the final opportunity for supplies, accommodation and assistance in emergencies.

Work

Llamac's experience with the commercial aspects of tourism seems to have influenced villagers' views on community well-being as most interviewees mentioned some business related issues. One elderly lady (L1f) had been the 'caretaker' of tourists in the early days (she found mention in early travel guide books) and shared the fond memories she had accumulated over the years. She had dealt with tourists' health problems from altitude sickness to miscarriages to general 'very bad illness', arranged rescue parties, and provided meals and a roof over their heads at any time during day or night. Then, there were no fixed prices but most tourists paid for her services and left lots of presents, especially for the elderly or the school. Overall, she felt that tourism had been good for her village, particularly for shopkeepers, 'hoteliers', bakers and others. Now that tourists get everything pre-packed in Huaráz and the road bypasses the village, less income was to be had by all which worried her considerably. She felt that a good economic basis was the foundation for a healthy village. Another lady (L2f) agreed with her. Her extended family all lived off tourism with rooms, restaurant, shop and a camping ground on offer. Others confirmed the importance of work and a stable income as the basis for a healthy community (L3m, L14m, L16m), and having work, their fields and animals (L17m). If one had work, everything else would fall into place (L9f, L12f); with work, one would be able to eat (L4f). However, with the new road there was less work and, hence, less income (donkey driver, L3m). Entrance fees were an advantage of tourism (any vehicle has to pay 2 Soles [= A\$ 0.80, 9/2007] for a gate to the village to be opened; other villages also benefit from some local entry fees)(L10m). The mayor's sole focus in the interview was the economic advantage of tourism which then lead to a general well-being. However, most warned that the other side of even modest prosperity was disharmony.

Harmony

This aspect was mentioned second most often, and this may well have to do with the fact that not everybody in the village was able to share the benefits of local tourism. One donkey driver (L16m) pointed out that divisions existed between those who work in

tourism and those who don't, and he suspected envy amongst villagers, a view shared by a traditional healer (L2f). The importance of harmony was emphasised by several other villagers (L4f, L7f), and observations during my stay suggest that this was perhaps because there were more tensions in the village than I had assumed previously. The main 'ingredient' of a happy healthy village was that people were content and peaceful (L17m), and that there was no division and no crime (L14). People with work and income were content (L16m). People were not honest about their dealings with tourists (L6m), and the villagers did not stick together to ask for a fair price for their services (L10m), representing additional sources for tension. One lady (L15f) felt it was important that people worked together and helped each other out. With a disabled child, she experienced much humiliation and very little support from the community. Yet, another woman (L2f) felt that most people were very friendly which made living here very pleasant.

Other Issues

Work and harmony were by far the most frequently named prerequisites for a healthy community. Following are other aspects that were mentioned less often.

Environment

Fewer villagers mentioned environmental aspects of good health but those who did seemed relatively well informed and very concerned about what would happen with a place that is still so 'clean' that condors can be seen every day. However, issues of waste disposal (human waste, general rubbish) and the potential contamination of water through the large mine higher up the valley (L10m) were noticed as a problem, including the aggravation of the situation through tourism. For four participants (L4f, L5f, L6m, L15f), the environment was the most important health determinant as everything else depended on it.

Individual Health

A community was healthy if its people were healthy and had nutritious food (L1f, L5f, L8m). This then allowed them to work and contribute to their families' well-being.

Education

Only three villagers named the importance of education (L3m, L9f, L12f) with the latter lamenting that people who left for studies never came back to the village to help their own people to improve.

Family, Religion

One woman (L13f) felt that the value of family was important for a healthy village, perhaps a sign of non-reliance on others as indicated under 'Harmony' above. Another lady (L4f) was certain that trust in God could provide a common denominator uniting a village and making it happy and, therefore, healthy. This may be in response to the fact that several evangelistic sects had opened temples in the village, and people's abandoning of the previously uniting Catholic faith had caused major divisions and disharmony.

Important Prerequisites for a Healthy Community - Queropalca

Queropalca is relatively new to the concept of tourism, partly because it has been (and still is) even more cumbersome to reach as a starting point to the Huayhuash Circuit. There is less infrastructure for tourists, yet, there is a keen interest in providing facilities to open up a source of income to the village. The two most often cited determinants for a healthy village were the environment and individual health.

Environment

In contrast to Llamac, villagers here understood primarily that the environment had a

major impact on a community's overall well-being (Q1f, Q5m, Q8m, Q9f). Some were very well informed about environmental issues (Q10m, Q13m, Q17f). One lady (Q4f) had a very keen sense for environmental issues but stated that 'people here don't understand, or have no interest in anything'. Her first priority was to get toilets for every household. Another lady (Q11f) felt that the village needed to be much cleaner and no animals should be allowed in the streets. [The prevalence of cysticercosis here is rather high, e.g. 31% in 45-54 year olds, personal communication with Elsa Palacios Flores, 10. 4. 2006, and her unpublished data of 2002 and 2005). A government campaign had advised people to ensure that pigs were confined to enclosures. However, they were still roaming the streets during my stay.] Lack of appropriate waste disposal (human waste, toilet paper, general rubbish) on the tourist trek was mentioned (Q13m) and plans for a solution discussed.

Individual Health

For a village of that small size, Queropalca had an extraordinarily well-stocked health centre. The current mayor had previously worked there as a nurse and, although from another district, had been elected mayor for all his good work! This availability of health services may have triggered the response that individual health was crucial for the overall well-being of the people (Q2f, Q3f, Q8m, Q16m, Q17f) although improvements were still requested (Q2f). Availability of nutritious food was another prerequisite for health (Q8m).

Other Issues

Apart from the environment and individual health as the basis for community well-being, some other thoughts were put forward.

Safety/Security

One man (Q6m) was very concerned about small groups of youths vandalising individual and community property which, he felt, impacted on peace and mental health

of the people living here. Lack of work and occupation were seen as the reason for that behaviour. Overall security was important for one woman (Q9f) and one man (Q16m). The mayor (Q15m) had initiated and completed a number of community projects to increase people's physical safety. For example, he had organised villagers to complete extensive constructions to stem the annual flow of melt water from the mountain which regularly damaged and destroyed homes and the school.

Harmony

Compared to Llamac, this aspect was little discussed in Queropalca. One man (Q7m) felt that harmony was one of the most important things to be happy. Harmony in the family would lead to harmony in the whole village, and people would feel well. Two men, a teacher (Q14m) and the mayor (Q15m), felt that it was most important to organise people to work together, but that was very difficult, sometimes impossible. Apart from the mayor's previously mentioned project where he had succeeded in getting villagers together, he also had started a microclimate garden project (with Q14m) where people could purchase vegetables that would not normally grow at such altitude. Sadly, village interest was minimal. He had also some sanitation project ideas but was certain that people would not collaborate to build toilets. They would want the toilets supplied. A very interesting response came from a teacher/shopkeeper. She (Q12f) emphasised her observation of villagers as being fierce individualists with no interest in anything that could benefit the community as a whole. This could represent an issue contradicting the sometimes assumed notion of community as a wholesome entity, an aspect that will be explored in more detail in Chapters 11 and 12.

Work

Surprisingly few mentioned a stable income as important for village health (Q3f, Q8m). It seemed that work was primarily perceived as occupation (to avoid getting 'stupid ideas') rather than work for income. The reason for youths vandalising the village (Q6m) could be dealt with by providing them with suggestions for some means of income (Q12f). For example, there was no village barber or other 'services', so there would be

sufficient room to start small businesses. Those without means would have to leave the village to search for work in the city. Interestingly, education was not mentioned at all, despite many college students being in the village for the Easter holidays, which could have triggered such a response.

Photo Elicitation

The photos were shown to all participants in both villages after the interview. The arising informal discussion provided additional insight into people's views on community health and allowed them to make the link with tourism as experienced in their own village. The overall impression in both locations was that people were disgusted by the photos of waste and rubbish, and stated vehemently that they did not want this to happen as a result of tourists coming to their region. It must be remembered that while the data collection was about important prerequisites for village health, people knew about my connection to tourism impacts. It was somewhat puzzling, however, not to see the same rejection of rubbish and pollution applied to their own village environment and waste disposal. The photographic display of increased costs of living (represented by a photo of an Andean market stall) was commented on anxiously. In communities where money is always in short supply, increasing costs due to outsiders' ability to pay higher prices is worrisome. The photo of the hotel built in a picturesque mountain area triggered much discussion as people were very aware that some private developers as well as religious organisations and other groups had their eye out for constructing accommodations on the circuit. This would destroy one of the last pristine natural environments forever, not only through these constructions and accompanying infrastructure, but due to the increasing number and also the increasingly different type of tourist arriving. It also became evident that corruption had made its way into the communities with individuals doing deals with such outsiders, even selling community assets without consent, and pocketing the profit.

Summary

It was interesting to see that the concepts elicited in the interviews were shared by the

people of both villages. However, the importance of those concepts varied considerably between Llamac and Queropalca. The findings reported here are based on what people offered on their own accord. The responses were usually clear, direct and unambiguous (though without any complicated deep and abstract connotations, one may search for as an academic). Probing usually did not yield much more depth rather than puzzlement at what more could possibly be expected. This changed when rank-ordering was employed whose method and results will be presented next.

CHAPTER 10 - RANK-ORDERING: METHOD AND RESULTS

In Chapter 7, the problematic nature of impact assessments has been discussed in detail. Such assessments, be they environmental, social or health orientated, while making claims of community involvement, have been virtually exclusively outsider-driven, with ‘experts’ designing a project, plan or policy, and assessing its environmental, social and human costs based on their own indicators of choice. The inherent imbalance of power and control in such arrangements is rarely counterbalanced by adequate community consultation. To redress the balance of power and control in such assessments, the inclusion of criteria meaningful to a community, rather than to a developer, is crucial. However, one should not accuse every person involved in impact assessments as only acting out of self-interest. Even with the best of intentions, it can be methodologically very difficult to determine community validated indicators. It seems the lack of suitable and field-tested procedures makes the job very hard. Not surprisingly, Mittelmark (2001) had called for ‘further development of simpler, people-centred, low technology approaches to HIA at the local level’ (p. 269). The requirement for simplicity also needs to occur earlier in the process with the actual indicators of an HIA being obtained using a low-technology approach.

The method which will be discussed in this chapter met the requirements of simplicity, giving community members a chance to convey their views by utilising their individual perceptions of relevant concepts. Yet, it is not just the simplicity of procedure that is needed. Communities must be consulted in their own language to demonstrate that their views carry weight. First, this chapter will consider methodological issues focussing on the core perspective of this study which is putting local people first and letting *them* speak, and to justify the use of this method. It then describes the method itself and reports on the data collection on location. The analysis is outlined in detail and the findings are presented. The chapter concludes with an evaluation of the method as employed here.

One Concept - Two Meanings

Of crucial importance, yet so easily discarded, is the problem of communication of individuals on 'either side of the divide', 'divide' as in imbalance in education, knowledge, power, or influence. Unpalatable as some might find it, researchers and 'the researched' find themselves rarely on equal terms. This perception of inequality had very quickly raised its head at the beginning of this study, in the first interviews and even earlier in preliminary conversations preparing the data collection. Some people's verbal and non-verbal behaviour reflected strong feelings of inferiority. A conscious effort was necessary to convey that they were the people of knowledge, helping me, the ignorant outsider, to understand their world.

Interviews are a suitable way to an in-depth understanding of people's perceptions, from the simple description of mundane everyday occurrences to enjoyable discourses about the most abstract ideas imaginable. The latter works especially with people whose education prepared them to create, reflect on, justify, express and debate abstract thoughts. However, if this common ground is not there, researchers' expectations may be crushed in disappointment, or they may try, at any cost, to extract abstract interpretations of responses where none are to be found. Therefore, it is important to clarify first what participants are able to deliver. A researcher may keenly hunt for evidence for some imagined earth-shattering discovery, when the participants' main concern is to get through the day, to ensure that all the hard work is done and sufficient food for all can be put on the table at least once a day. Proposing to interview villagers on a certain topic is nothing unusual, yet, do we really let *them* speak to obtain *their* view as claimed in many a research proposal?

This is where the often emphasised (yet, often added as a token) 'from the respondents' view' comes into the equation. A way needs to be found so that the respondents' understanding of a concept is recorded rather than the researcher's understanding of the concept of the same name. The same term 'health' may have a very focussed and narrow meaning for a poor farmer in a remote part of the world (e.g., being fit to work), compared to 'health' as understood by the researcher, who incorporates medical, social,

environmental, political, biological, sociological and other determinants and aspects in its meaning. In other words, there seems to be a danger of misinterpretation in terms of 'over-sizing' findings when what was proffered by the participant was clear-cut and pragmatic.

To take seriously communities' views on what is important to them according to their own values and beliefs, it is crucial to be as clear as possible so that concepts that a community uses (for example, their collective well-being) are treated as understood by that community, not as normally used and understood by the researcher. Researchers have a head start based on their privileged educational background. They find themselves most probably in a situation where their understanding of a concept is abstract, broad, and encompassing according to Western reasoning. Yet for participants who are not practised in juggling abstract thought and who live in a poor, remote community in a developing country, the same concepts represent pragmatic, concrete, specific entities. Subsequently, the researcher may not be aware that, while both speak about health, the scope of the topic is very different. There is a considerable potential for misunderstanding simply because the associations with a word/concept are intrinsically different. The necessity to make adjustments on the researcher's side to capture what participants mean, is somewhat similar, but also different, from 'bracketing' in phenomenological research. It is similar, in that it acknowledges that there is no automatic common ground in terms of understanding or perception, and this needs to be catered for. On the other hand, while the 'Rule of Epoché' (Spinelli, 1989) in phenomenology requires to set aside biases, prejudices, expectations and assumptions temporarily (and participants usually share a common understanding of the topic in question), essential baseline understanding of a concept may be entirely different from the onset. Unless researchers are aware of this discrepancy - and they would only find out either by chance, i.e. when their interviews don't work, or if they acknowledge that cross-cultural research needs an enormous amount of preparation to be valid - they will interview, analyse, and interpret based on their initial expectation and understanding. Instead, to understand the participant, concepts used should be explained by the participant, and discussed, recorded and interpreted within this context. The findings may not be spectacular abstract thoughts and theoretical insights but they should reflect

the participants' 'truth', as it is of concern and interest to them.

In this study, interviews were the initial means of data collection of choice to elicit villagers' views. However, it was understood from the onset and confirmed in many conversations with villagers, that the creation of assessment indicators meaningful to *them* by using *their* perceptions of *their* problems, concerns, values, in *their* communities on *their* land required also the acceptance of *their* understanding of concepts, not the researcher's academic interpretations. The interviews had yielded straightforward answers but were not optimal for eliciting more in-depth explanations and meaning. Also, the identification of all possible impacts of tourism on community health would be useful if unlimited resources were available to address all those aspects. As this is not the case, weighting of concerns using ranking was important so that at least the most prominent issues can be monitored and attended to. The issues explored above about meaning, and previous positive experience with the rank-order method, led to my decision to incorporate the procedure in this project. During the administration of the data collection, the benefits of this decision were immediately convincing. This aspect of the study has been published (Bauer, 2007b; Publications - C).

The Method: Simple Rank Ordering

Little literature was available on the method as used here, when I first employed it in the early 1990s in a study of patients' perceptions of their privacy in a German acute care hospital (Bauer, 1994, 1995). However, justifications of the method and descriptions of calculations date back many decades, e.g. Friedman (1937) or Bross (1958). The method requires comparative judgement (Crano & Brewer, 1986) by encouraging participants to rank a range of concepts according to the level of importance attributed to those concepts in relation to a specific topic. As Kerlinger (1986) outlined, individuals using this method will, at least in part, escape stereotyped responses and the tendency to agree with socially desirable items, a problem often seen with Likert scales.

Production and Choice of Ranking Items

Generally, it appears that using more than 10 items makes ranking decisions increasingly difficult for participants. Based on literature on tourism impacts and my previous experience using this technique, a number of items were seen as having the potential for inclusion in this exercise. Informal conversations took place with villagers in various locations in the larger Department of Ancash, in the city of Huaráz, en route to other locations and, finally, in Llamac - the first village - before the start of the interviews. This confirmed most of those tentatively chosen items, and only a few items were removed, modified or added. Examining those items suggested that issues seen as important for a healthy community may be globally applicable. Interestingly, Dombroski (2005), in a tourism study in China, used rank-ordering as well, after she found that people had difficulties understanding the concepts of interest to her study. Probably no coincidence, she had decided on similar items, even though their inclusion may not always have had the same significance for the participants in China compared to people in Peru, for example, the significance of religion. It seems probable that different cultural backgrounds, political world views and local idiosyncracies attribute different levels of importance to the same concepts. Unfortunately, Dombroski did not present the method or the results of her ranking.

The items chosen for the current study were:

- A - *Educación* (education)
- B - *Salud* (health)
- C - *Familia* (family)
- D - *Trabajo* (work)
- E - *Ambiente* (environment)
- F - *Religión* (religion)
- G - *Seguridad* (security)
- H - *Armonía* (harmony)
- I - *Buenas relaciones* (relations)
- J - *Mis raíces* (roots)

Face/content validity was addressed in numerous preliminary conversations with villagers that centred on the listed issues. Many participants were very occupied with their daily chores and often stayed for days high in the mountains with their livestock or working their fields. Therefore, conventional reliability of this test, e.g. test-retest procedures, could not be established, although their general views and perceptions were of interest, rather than a precise, static measurement.

Data Collection

To facilitate easy ranking, the items were individually written on index cards (Appendix H-1). Larger font was used to accommodate older participants and also to combat semi-darkness or candle light in the mainly window-less dwellings. I often had to supply my reading glasses, because lack of funds or inaccessible ophthalmological care meant that some people had struggled with bad eyesight for years. The cards were shuffled and the purpose again explained, emphasising that there were no ‘correct’ or ‘incorrect’ answers. The identifiers, i.e. the labels ‘A’, ‘B’, ‘C’, and so on, had been written on the back of the cards and were not visible to the participants. Therefore, they could not use the alphabetical sequence as a possible prompt to what the ‘correct’ order might be. Also, shuffling ensured that each set of cards was different to start with. The participants were asked to place the most important item in place ‘1’, the second most important in place ‘2’ and so on. Villagers were able to rank, re-shuffle, experiment, change and re-consider their choice of order, until they were satisfied with the result and no further changes of position were necessary (Appendix H-1). The final order was then recorded on a prepared data sheet ready for analysis (Appendices H-2[1] and H-3[1]).

Generally, people found much enjoyment in sorting concepts. It seemed, having words on cards turned concepts from alien, abstract, unknown, and meaningless entities, into something they were familiar with, something real and tangible. Also, either mumbling to themselves or trying to justify to me their decision, most people suddenly started to talk much more about the topic in question than in the interview itself. The only practical issue sometimes was to find enough even space to position the 10 small cards. Kitchen tables, the street, a pile of carefully stacked dried cow pads, the loading area of

a pickup, a stone wall in the fields, and so on, were all found suitable to get the task done. Equally amazing was to find that virtually every participant beamed at the end of the task, feeling that something important had been accomplished to everyone's delight. While one would normally interview participants on their own, ensuring privacy, this was not always possible (or desired). On two occasions, the small children of a family were watching from the background in awe, aware that they were witnessing something important. Once, an elderly respondent's sister could not be removed from the scene and, although the ranking was entirely the participant's final choice, it was interesting to listen to their discussion which provided much insight.

Analysis

A detailed step-by-step instruction for analysis can be found in Bauer (1995). The completed data sheet (Appendices H-2[1] and H-3[1]) is the basis for all following calculations. Part of this analysis, and its first step, is the depiction of ranking patterns. One simply counts how many times an item has been ranked first, how many times second, third and so on. This step should always also be presented as a result, as it allows the reader to understand how many people ranked which item in which place (Appendices H-2[2] and H-3[2]). To read these tables, choose an item (e.g. 'C') and a rank (e.g. '4') and read the value where column and row meet (in Appendix H-2[2], this would be '6'). This means that six participants ranked 'C' (Family) as the fourth most important item for community well-being.

Next, using the ranking pattern per village, the *mean rank* for each item must be calculated by determining the sum of ranks awarded for it by all participants (per village) divided by n (= number of participants). Using the example from Queropalca and item 'A', the sum consists of: $(2 \times 1) + (4 \times 2) + (4 \times 3) + (1 \times 4) + (2 \times 5) + (3 \times 6) + (0 \times 7) + (0 \times 8) + (0 \times 9) + (0 \times 10) = 61$, then, divide by 17 (number of participants) = 3.588.

After that, *mean ridits* for each rank are calculated. Ridits are a convenient way to present rank sums. The term 'ridit' comes from '*relative to an identified distribution*' (Bross, 1958). It is an estimation of the proportion '...of all individuals with a value on

the underlying continuum falling at or below the midpoint of each interval' (Fleiss, 1981, p. 151). The formula to calculate mean ridits is:

$$\frac{\text{mean rank} - 0.5}{k}$$

where k is the number of items ranked. Going back to item 'A' in Queropalca, this means $3.588 - 0.5 = 3.088$, divided by $10 = 0.3088$. The result of the mean ranks and mean ridits are presented in Tables 10.1 and 10.2.

Table 10.1 Mean Rank and Mean Ridit - Llamac

Item	Mean Rank	Mean Ridit
A	3.222	0.2722
B	2.889	0.2389
C	4.167	0.3667
D	3.222	0.2722
E	5.889	0.5389
F	9.222	0.8722
G	5.778	0.5278
H	5.667	0.5167
I	7.167	0.6667
J	7.778	0.7278

The mean ridits conveniently represent information that allows the design of a visual summary of the ranking decisions of all participants in a group (here: a village). The values of the mean ridits are transformed into millimetres and located on a line of 10 cm in length, on a continuum from close to 0 to close to 1 (see Figures 10.1 and 10.2). For example, if the mean ridit for item 'H' is 0.5167, it is located 51.67 mm from zero.

Table 10.2 Mean Rank and Mean Ridit - Queropalca

Item	Mean Rank	Mean Ridit
A	3.588	0.3088
B	3.294	0.2794
C	4.764	0.4264
D	4.412	0.3912
E	5.588	0.5088
F	9.235	0.8735
G	4.882	0.4382
H	7.412	0.6912
I	6.353	0.5853
J	5.47	0.497

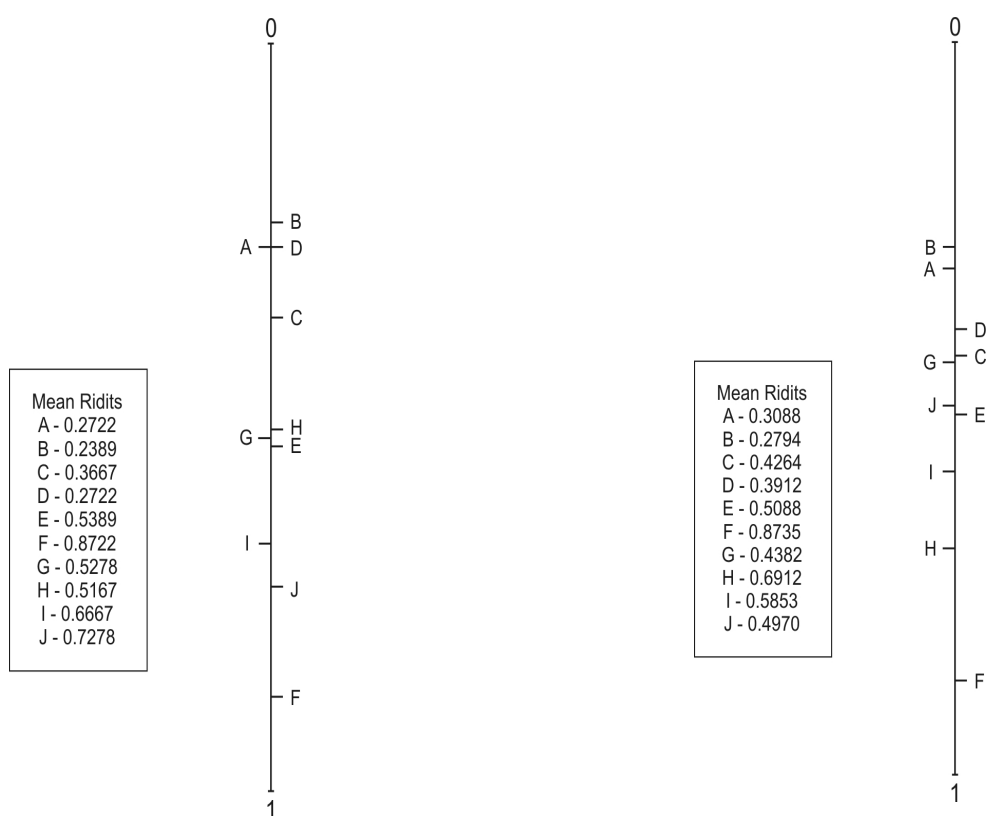


Figure 10.1 Ranking Llamac

Figure 10.2 Ranking Queropalca

Finally, a comparison of the ranking sequences between the two villages is facilitated by simply placing them in two columns and, for easier assessment, lines can be drawn between corresponding items (Figure 10.3). The same could be done to compare the ranking between genders or various age-groups or any other stratifications of interest to the study topic.

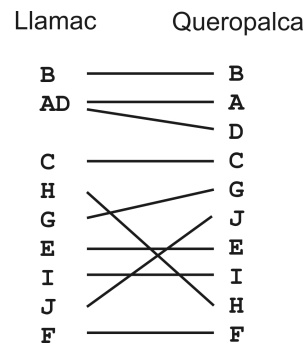


Figure 10.3 Ranking Comparison

Findings

The final ranking of a group's views can be observed independently, or can be compared to any number of other groups represented in one study. Furthermore, groups' views from different studies that used the same ranking items can be compared. In this current study, two villages were compared to grasp common and differing perceptions. In this particular case, the health of the individual (understood as physical health) was most important, followed by education (mainly to get work outside the mountains for a better income), work (to feed a family, and not to laze about and do stupid things), and family (as the unit of safety, security and interpersonal relationships). The ranking of the environment in the second half came as a surprise as many respondents had discussed in the interview their clean water (under threat by mining operations), clean air, and the problem of waste disposal at length. Interesting is the difference in ranking of 'harmony' between the two villages. Furthermore, religion was seen as least important although the advent of a considerable range of Protestant denominations in traditionally Catholic communities had created considerable tensions. These findings will be interpreted in

Chapter 11 conjunction with the findings from the interviews (Chapter 9), informal conversations, and observations. The visual summarisation displays can be used to report back to the participants, and to plan and base further collaboration on this stage of the study.

Evaluation of the Method

In any study, the use of a method should be reflected on, and advantages and disadvantages noted. I have yet to come across a disadvantage of its use, if the method is used according to its capabilities. The advantages apply to the participants who rank items, and to the researcher who plans, administers, analyses and interprets the rank orders.

Advantages for Participants

For participants, this form of data collection is quick, convenient, even fun. Even with two arms in plaster, a participant can instruct the researcher to place cards in the desired order. The method assists in clarifying people's thoughts and visualises their own perception. Because a result is produced in the end, even individuals without much confidence can have a sense of accomplishment. In this study, these advantages were all observed. Most important for this study was that the items were local people's items for selection represented the concepts discussed in the interviews, and as such were appropriate for the local people.

Advantages for Researchers

For the researcher, again, the simple and fast application is one major advantage, particularly when studying in the field and under difficult physical or environmental circumstances. An invaluable advantage is the fact that participants may, by themselves or prompted, talk themselves through their choices and the decision process, providing a valuable source of qualitative information. In the future, this should be tape-recorded (where appropriate) and added to the transcripts of a preceding or following interview.

With small numbers of participants, there is no need for computer software and, therefore, this method can be used virtually anywhere using pen, paper (an old envelope or napkin) and a calculator. The steps of the analysis are easy to follow, and the analysis can readily be done in the field. This saves returning to a computer or the researcher's office for analysis. The results can be displayed and compared visually and also used to present data in settings where the audience may lack the expertise to understand complicated statistical presentations. Compared to these advantages, other ranking/rating methods such as Q-sort and Multidimensional Scaling (Morrison & Bauer, 1993), or pilesorts or triad tests (Borgatti, 1999) cannot compete, but that does not mean that more complex, comprehensive, computer based methods cannot follow the initial exploration.

In this study, all participants were able to read Spanish. However, the method does not depend on literacy. For example, young children and illiterate persons can be given cards with drawings, photos, pictures. The same can be used if the researcher is not familiar enough with the local language and rankable items can be depicted. For older people, the font size can be enlarged, for young people, the 'hip' terminology of the day can be used. The use of colour or texture may be congruent with a particular study, and even other objects rather than cards can be placed in an order. A further advantage is that the appearance of the cards does not differ depending on its content. Each word on a card carries the same weight and, because a word is included, it is acceptable to be chosen. Therefore, this method could also be used to elicit responses that are seen as socially undesirable, potentially embarrassing or easily 'forgotten' if asked in an open question, such as sexual preferences.

It is also useful for the researcher to assess findings easily midway, to re-think the direction of a study, or to confirm and validate other findings. The method also allows on the spot decisions, e.g. the decision to introduce an additional data collection, or an additional theoretical approach, saving much time and money. Furthermore, this method allows true interdisciplinary cooperation, not only in setting the rankable items but also in collecting, analysing and interpreting the data together.

In summary, the simple rank-ordering method is a compact little procedure with

enormous application potential. This potential is based on the wide variety of possible respondents, possible topics, possible materials, possible timing (absolute or in relation to other data collection methods), possible purpose, possible locations, and possible researcher background. It is acknowledged that a detailed description of the method and the tables provided may give the impression of a complexity that is not there. The analysis follows straightforward mechanical steps, and many researchers may not even use a calculator.

Summary

This chapter described the practical application of a simple rank-ordering method as used in the study villages in an attempt to overcome a possible gap in conceptual understanding between researcher and respondents. It argued that, predominantly based on Western education and reasoning, researchers are usually in the stronger position to work with abstract concepts that are meaningful to them. Using this type of ranking concepts ensures that the data collection happens on the rankers' terms, yet the researcher is able to understand their reasoning. However, this does not only apply to cross-cultural research in the ethnological sense but assists any communication between two people from different backgrounds. Overall, the aspects discussed in the interviews and ranked in the rank-ordering methods allowed a validation of the findings that was supported by the observation and conversations that took place throughout my stays in the villages. The findings are interpreted on this basis in the following chapter.

CHAPTER 11 - DISCUSSION

The findings presented in Chapters 9 and 10 will now be interpreted and explained. The concepts that emerged from the interviews and that were ranked according to a perceived order of importance will be discussed starting with the concepts that were the two most often mentioned in the interviews for each villages. The remaining concepts and themes are presented in no strict order but ‘religion’, the item of least importance according to this study, is left last to close the list. After that, a selection of concepts is suggested that should enter a health impact assessment procedure related to tourism to keep the TOHIAT practical and manageable. Finally, the differences in the findings obtained through interviews and the subsequent rank-ordering procedure are interpreted and possible reasons offered.

Work

In Llamac, the village with more tourism experience, the interviews indicated that having some regular income was the most important factor for village well-being with work ranking second together with education. Queropalqueños ranked work as the third important aspect but the interviews did not elicit much conversation on this topic.

Villagers’ income stems mainly from farming activities with few being employed in positions, such as posts in the village council or the health centre. Regular income was said to support health, harmony and happiness. Some people, especially in Llamac, supplemented their income, though depending on tourist arrivals, by offering their services as porters, guides, cooks or *arrieros*. Others supplied very basic accommodation (rooms, camping ground), meals, provisions from the small shops, or repairs of equipment. However, these were individual ventures that did not benefit the community overall. Entrance fees to the circuit, as collected high above Queropalca, and carefully recorded in a very large book, went into a communal coffer.

A few locals had connections to agencies in Huaráz, some apparently with contracts, but

the villagers were often unaware of the content of those contracts. Although complaining about being very poorly paid, they did little to address this issue. Attempts seem to have been made in the past to organise those working in tourism to have the power to negotiate minimum wages binding for everybody involved. Such attempts had failed because people agreed to insist on those fixed prices but then undercut their own wages to obtain work. In 1999, Promperú published guidelines for daily payment of mountain guides in the Cordillera Huayhuash (US\$ 60), mountain guides in probation (US\$ 40), trekking guides (US\$ 30), mountaineering porters - entering the snow zone (US\$ 20), mountaineering porters - not entering the snow zone (US\$ 10-15), *arrieros* (US\$ 8, plus US\$ 4 per animal), all excluding food and transport. Ten years later, official prices seem to have increased somewhat but written confirmation was difficult to obtain. In comparison, some *arrieros* told me, they received a payment of about US\$ 3 or under for themselves and for their animals.

The pricing of labour is of grave concern. Those who can offer accommodation or food in their own eatery are usually somewhat better off. The very poor have only their body as production factor, or perhaps a few animals they rent out at great risk. Desperate people accept prices far below any reasonable amount, an amount that does not balance out the risks they take with their own well-being and that of their animals. Aggressive bargaining is usually enough to lower the price below the minimum needed to eat on that day. When I spoke to one farmer/guide whose horse I had rented during my stay, and discussed these pricing concerns, he promised me to be firm when renting out his animals on whose welfare he depended. On my last day, I saw him renting out this same horse at half the minimum price - and from the bus window I saw the delicately built animal struggling up the very steep and rocky path under the load of an obese male tourist. Another elderly impoverished man and his family provided free accommodation if tourists kept insisting on not paying.

An important concern that is easily overlooked are the working conditions of locals who are hired by local tourism agencies connected to large overseas tour companies. Companies that market their socially responsible approach to tourism in poor regions are often unaware that they have no control over the treatment of the actual worker on

the ground. Even large reputable companies cannot guarantee adherence to their well-meant policies. This practice has been observed on the Inca Trail (Bauer, 2003), in other areas in Peru, and in neighbouring countries. Ciliberti, Pontrandolfo and Scozzi (2008) investigated the practices and difficulties of businesses in the transfer of socially responsible behaviour to suppliers (here, local tourism agencies or middlemen) in developing countries. The authors included a case study from Peru where they confirmed local exploitation of workers through lower pay.

Tourism provided additional income to some people but for the very poor, the involvement with the industry did not seem to improve their lot but rather aggravate an already desperate situation. When participants named income as important for a well community, this referred to amounts that would not only cover the bare essentials of food, clothing, medicine and education for individuals, but provide a safety net in emergencies and a visible improvement in their livelihoods. A community would then be 'well' by being made up of a group of well individuals. The notion of a communal financial improvement could not be discerned in the villages.

Apart from the monetary income through work (agriculture, tourism or other), gender roles in income provision are of interest here. Much is made of machismo in Hispanic, Latino, and Central and South American societies. Stevens' (1973) discussion on *machismo* and *marianismo* (the female part in this scenario) provides detailed insights into the maintenance of the status quo. Fuller (2001), in a study on gender identity among Peruvian men, confirmed that one main attribute for masculinity was the ability to provide for one's family. This is in line with the powerful macho providing for the fragile 'maría' and her children. However, this is not an Andean concept. The 'gender parallelism' of ancient Andean societies viewed men and women as two separate but interdependent entities (Silverblatt, 1995) and, historically, peasant women's and men's work complemented each other (Potthast, 2003). The Andean woman and her role has attracted much literary interest but was also used by colonial powers to justify a suppressive and economic system (Graubart, 2000), only to let her survive as a strong independent figure, especially in the care for her family which includes procuring income.

This explains why, with a creative business sense, the women see multiple opportunities to supplement their family income. Tourism suits women in particular where the care for the family extends to the care for the tourists. Women offer accommodation and meals, run small shops and eateries, sell food and other items in the streets, produce craft, textiles and jewellery - always alert to the tourists' changing tastes. Others, especially in the Cuzco area, run a 'mobile business' by putting themselves and their small children in colourful traditional clothes and, with a cute baby animal or an exotic llama, collect a few Soles for being photo props for delighted tourists. In the study locations, the women catered for tourists' need in the villages whereas the men worked with tourists on treks. However, as mentioned oftentimes in the interviews, business bypassed Llamac since the road was built by the mine, and Queropalca is only at the very beginning of a possible tourism cycle that may never really take off.

The WHO (2008) has recognised the importance of social determinants for health. Health equity and decreased poverty apply especially to the concept of work/income as perceived by the participants. The WHO document demands 'rural infrastructure and services', 'fair employment and decent work ... under improved working conditions', and 'market responsibility' with 'assistance in economic agreements', all aspects that seem lacking in the two study settings at present. But there is an enormous potential to assist the locals in achieving an improvement at the level they desire.

Harmony

This concept turned out to be the most surprising to me. The item was included representing a notion of 'togetherness' within a larger group, in contrast to 'good relations' which referred to the connection between individuals and is discussed later. I had been familiar with the Andean concepts of *ayllu*, *ayni* and *mita*. *Ayllu* is often translated as family group, extended family/kinship, a community of closely linked people. Apffel-Marglin (1995) points out that *ayllu* extends also to the place and non-human beings linked to it. Potthast (2003) adds the communal ownership of land. *Ayni* represents reciprocity and balance (Potthast) which materialises in practice in families helping each other out and villages sharing communal work, often also called *mita*.

Peonada is a similar system where the recipient of labour is obliged to return the favour when needed (De Silva, Harpham, Huttly, Bartolini, & Penny, 2007).

Before embarking on this project, I had assumed that small, remote villages would represent homogenous entities if only for the need to survive without reliable transport, communication, and outside assistance. They would have to help each other out when problems arise. I started to learn that, contrary to my expectation, remote villages are not homogenous but, like any other accumulation of people, represent a group of individuals who happen to live in the same place but display all the likes and dislikes, tensions, hostilities, and factions that can be found in social structures from families to nations. Literature studied after the research trip provided a range of diverse examples from Peru and around the world, and authors' warnings about the fact that communities were generally anything but harmonious (Baum, 1999; Blackstock, 2005; Jewkes & Murcott, 1996; Muller, 1983; Scheyvens, 2000, 2002b; Taylor, 1995; Ugalde, 1985, Wilkinson & Pratiwi, 1995). Cochrane (2000) writes about the 'myth of happy peasantry' and cites Carroll (1992) who warned that, in the Latin American context, 'the impression of harmony, of cooperation, of community perceived by outsiders in reality masks the real world of conflict, rivalry and tension' (p. 202).

In Llamac, the interviews suggested that harmony was the second most important factor for a well community, in Queropalca it came as 'among others'. It was ranked fifth in Llamac and ninth (= second last) in Queropalca. People's approach to this concept was very varied. In Llamac, harmony was much linked to 'sticking together' in economic terms, such as transparency in business dealings, especially regarding tourism ventures, not undermining agreed upon minimum prices, and fair dealings. Unfortunately, this harmony was deplored as missing, replaced by envy, mistrust and tensions. Queropalca with as yet minimal tourism/business opportunities, did not seem to rate harmony (togetherness) that much, apart from a few people who pointed out the lack of unity, of 'standing as one', or the failure to help each other out. In fact, it was in Queropalca, where villagers were described to me as fierce individualists with no interest in communal issues, where I started to abandon my romantic view of idyllic mountain village communities. A number of community projects set up for their own direct benefit

revealed their lack of interest in working together. I then also understood the mixed levels of enthusiasm in both locations for attending the compulsory monthly *asamblea* which forced villagers to address communal concerns.

As mentioned already, a particular dividing line was religion. In a predominantly Catholic country, the advent of various protestant sects and groups caused disharmony in many villages. Other sources of disharmony were family backgrounds; the origin of people, for example, those who had moved to the village through marriage; feuds over land or cattle, distribution of use of communal land, petty neighbourhood bickering, and so on.

At this point, the relatively new concept of social capital shall enter the discussion. De Silva et al. (2007) defined social capital as ‘a way of describing social relationships that enable cooperation for mutual benefit within societies or groups of people’ (p. 20). They distinguished between structural social capital (quantity of social relationships) and cognitive social capital (quality of such relationships, including trust, sharing, support) and noted in their research in Peru that people did not work together and cognitive social capital was on the decline. An example observed in Llamac may illustrate this lack of consideration and mutual support: when one household apparently did not pay the monthly nominal fee for the communal water supply, the entire village was cut off for several days. Díaz, Drumm, Ramírez-Johnson and Oidjarv (2002) list the following attributes as representing social capital: degree of participation of local community, proactivity in social context, feelings of trust and safety, neighbourhood connections, family and friends connections, tolerance of diversity, value of life and work connections. In the study villages, these attributes did not necessarily appear to be prominent. Díaz et al. make a very important comment in relation to underlying factors of Peruvian poverty, such as history of oppression, racial discrimination and inequalities, legal barriers, adverse weather and lack of transportation and communication: ‘before 1923, residents of the mountain regions were not considered legally Peruvians, could not own property and lacked legal and social protections’ (p. 485). In that case, one could argue that 1) long-standing poverty and a subsequent lethargic and fatalistic outlook on life, as discussed in an earlier chapter, disabled people to build and maintain social

relationships, or 2) that this official abandonment should, in fact, have lead to a much stronger feeling of 'togetherness' than what is apparent today. This appears to be a question in need of more exploration to unearth some insights that could be utilised by the villagers to strengthen the political position of their communities. It seems, however, that women may hold the key to higher levels of social capital in the long run (Drumm, Díaz, Ramírez, & Arevalo, 2001). The way that social capital influences health and mental health has not been studied sufficiently, partly because the concept is new and so far not yet defined operationally (McKenzie, Whitley, & Weich, 2002). However, it is likely that low or non-existent levels of social capital have health consequences, physical, mental or psychosomatic. Surprisingly, social capital does not appear in WHO's (2008) document on social determinants.

Environment

Some people in Queropalca were very well-informed about environmental issues and this concept was the most discussed in the interviews there. In Llamac it was mentioned after work and harmony. Both villages ranked environment seventh, though. Overall, the environment was seen as important because, as subsistence farmers, their survival depended on it. An indicator for a clean Andean environment is the regular appearance of condors, and both villages are fortunate to see them almost daily. People were proud of the clean air and water of the mountains.

In Andean countries, water from the mountains is a communal and national resource. It supplies the entire country on both sides of the Andean range. Pollution affects not only the local peasants but the entire population. Furthermore, deglaciation already makes water a precious commodity even to those living close to the source. Since the 1970s, problems with water pollution by mining operations have been leading to continuous protests and clashes (Recharte, 1997). Important for the study location, serious clashes occurred again in 1999, when the relationship between Mitsui Mining and the community of Llamac deteriorated after a subterranean aquifer was punctured (Bury, 2002). More protests followed, based on grievances around 1) water quality and supply, 2) land tenure/grazing, 3) social resources, and 4) economic resources (Bury). The first

two relate to this section on environment.

In Llamac, the river (coming down from the mine) was considered ‘dead’, ‘contaminated’ and looked, indeed, murky at times. I could confirm the complaint that the trouts were smaller than before. They looked about half the size of what I knew as Andean trout. In Queropalca, there was talk about people having lead in their blood. Apparently blood tests were conducted in another community, yet, nobody knew by whom. Water polluted by a mine was seen as the culprit. It is understandable that there is some collective alertness regarding potential pollution through tourism developments.

Land issues are the second reason for the ongoing tensions with the mining industry. It is important to describe the Andean land use system in order to understand the complexity of issues arising for tourism impacts. Dollfus (1982) provided a very useful historical overview of Central Andean land-use patterns. The concepts of *ayllus* and *mita* have been observed during the Inca Period (early 16th century) where *mita* was employed as reciprocity for the ruling administration’s provision of safety and security. The use of land at different ecological levels, i.e. different altitudes, provided the people with a variety of food all year round. With the Colonial System (early 17th century) came one enormous change, the centralisation of authority leading to forced conversion to Catholicism and to *reducciones*, the grouping together of peoples from different *ayllus* and areas. Agriculture was limited to one ecological belt, *mita* was required in the mines with little in return, and the indigenous population was decimated through disease, hard labour and harsh living conditions. Large-scale haciendas and small-scale land holdings existed side-by-side but, overall, land decayed under the new rulers and the inequality between social classes became more pronounced. The present-day system of land use still suffers from those massive changes. The centuries-long neglect of terraced fields led to eroded steep slopes that modern machines cannot work. The soil is often poor, needs hard labour with basic tools, and the transport costs to take any produce to markets are high. Herds are usually small with a poor return of meat and wool. Furthermore, increased urbanisation, the search for labour elsewhere, and the lack of development investment in the Andes (including research) maintains a state of economic deprivation. Because of the centralisation of power, ‘Andean highland natives have little or no say

in decisions that directly affect them' (Dolfus, p. 43). Despite the agrarian reform in the late 1960s, there has been little change in social relations and production techniques. In fact, Recharte (1997) states that today's relationship between the environment and human usage is not harmonious. Natural resources are extracted or used up to the point of collapse.

Today, land is owned by the community (*tierra comunitaria*) and its use closely monitored. The right of use is inherited (Potthas, 2003) and its distribution decided on, especially when re-distribution is necessary for the recently married (Recharte, 1997). People still are allocated land at different altitudes to accommodate the different needs of crops and livestock (Lauer, 1993). The rotation of land distribution and of moving grazing animals is overseen by the community which also has a system of sanctions in place to control damage caused by livestock, and agricultural theft such as the stealing of animals, or allowing animals to graze on somebody else's land (Recharte). During my stay I had the opportunity to witness such an event involving the theft of cattle.

Because of the fragile environment, the harsh conditions, and the hard work involved to eke out a living, the importance of land is evident. 'Everything depends on it', as one participant said. The use of good arable land (i.e. land in valleys, with better soil and easier to work) for mining infrastructure (roads, flotation ponds and so on) understandably creates serious tensions. Yet, any negotiations around mines seem to keep favouring the mines over the locals (Bury, 2002). In a similar way, the threat of tourism related constructions and the fact that there are no toilets on the trek, and that general rubbish, human waste and toilet paper can be found on communal land and in water catchment areas causes villagers concern. A pristine environment, such as the Cordillera Huayhuash, is a drawcard for tourism, yet, tourism can also spoil it. What cannot be explained easily is the contrast between what people say and their dealing with their own household waste which can be found not only in unsightly 'incidental' dumps but everywhere. Participants who complained about it, however, had no other option of disposal either. This seemed to be a potential community project but no activity in this direction was observed. Perhaps there is an opportunity for sustainability where tourism could assist by mitigating its own waste problem and assisting the community to deal

with theirs, representing the ancient principle of reciprocity in action.

The Declaration of the UN Conference on Human Environment in Stockholm in 1972 clearly lays out people's fundamental right to 'an environment of a quality that permits a life of dignity and well-being' (UNEP, 1972), and the WHO (2008) emphasises the importance of healthy places and natural environments as social determinants of health to support rural livelihoods. Therefore, it is imperative to support local communities in maintaining their pristine natural environment and ensure that they are included in any decision relating to tourism that may impact negatively on any area of concern.

Health

The concept of health is more difficult to interpret. In neither village was health mentioned in the interviews as the most important factor of village well-being. In Llamac, work and harmony were far more important, in Queropalca, health was overtaken by environment. However, in both villages, health ranked first in the rank-ordering procedure. One reason may be that the theme of well-being in the interviews sensitised participants so that, once the word *salud* (health) appeared on a card, this was now seen as most crucial to village well-being. If this has influenced participants and they felt obliged to choose health first, or if the interviews provided some opportunity to contemplate the issue and, therefore, the rank is a true representation of their opinion at the time, cannot be confirmed at this stage.

Fabrega and Manning (1972), in their study on the use of local plants and herbs, explained that for peasants in the harsh Andean mountains, the maintenance of optimal body function and its preparation for work in the context of subsistence living is the driving force for the use of medicinal herbs, not primarily the treatment of illness. Being unable to work and provide has serious consequences for the family. Similarly, in the study locations, being in good health was the crucial prerequisite for work and feeding the family. Graham (2003) explains the links between health, food and economic identity in an Andean context. The importance of nutritious food was highlighted several times but my observations did not support these findings. Few villagers plant anything

else but the usual staples. Few buy fruit and vegetable from the village shops which end up with wilted and rotten produce. Support of the community garden project in Queropalca was negligible. One health centre nurse (not a resident and, therefore, not included in the study population) explained that people wouldn't understand nutrition, they forgot to feed the children but fed the animals, or gave children unsuitable or insufficient food. Overall, many children seemed stunted and very pale. Good nutrition is promoted widely but the transfer to practice does not seem to happen often. Either those participants who mentioned food did place some value on healthy eating, or the responses were simply the result of educational campaigns. Because Queropalca has a very well-stocked health centre everybody was proud of, this may have influenced people's responses regarding the importance of health. A further thought is that because people are very individualistically oriented, they feel they need to be in good health and self-sufficient since they cannot rely on others much for assistance.

In this study, the concept of health was treated as the peasants used it, i.e. physical functioning. There was no attempt within the scope of this project to enter Andean illness etiologies, but this could be explored in the future. Pre-Columbian popular religious beliefs, discussed briefly later in this chapter, also find their expression in the understanding of body function and dysfunction. Academic literature on this topic abounds, only a very brief overview shall be given here to allow an appreciation of the complexity. Important concepts in Andean ethnomedical beliefs (e.g., Larme, 1998) and biocultural perspectives (e.g., Leatherman, 1998; Oths, 1998; Pedersen & Barufatti, 1985, 1989) are *susto* (fright sickness) (Globeil, 1973; Greenway, 1998), soul loss (Greenway, 2003), and *colerina* (an ill-defined general ailment from loss of appetite to epileptiform convulsions) (De Feo, 2003; Stevenson, 1977). Pedersen and Barufatti's (1985) classification of research in 'Traditional Medicine Culture' in South America into botanical-pharmacological, 'folk', cultural-anthropological, historical, related to altered consciousness and spiritism, ethno-obstetric, trans-cultural and comparative medical systems, alerts to the breadth of this topic. Bastien's work in Bolivia (the former 'Upper Peru') (1982, 1990) provides detailed insight into this field. Traditional medical beliefs are also closely linked to ethno-pharmacology, where De Feo (2003) observed a deep knowledge of medicinal purposes of plants not only in local healers but in the general

population. The need to combine traditional and Western approaches to community health care has been pointed out, for example, by Follér (1989), and many more since. Medical anthropology in the Andes has attracted many scholars over a long period of time (Miles & Leatherman, 2003). In the future, there is a need for Peruvian, preferably indigenous, anthropologists and sociologists to explore the Andean health aspect from the perspective of tourism impacts to uncover probable collisions of Western and indigenous concepts. This is made much more difficult by the many local variations and interpretations of Andean beliefs. However, at this point in time, it seems appropriate to deal with the concept in the pragmatic manner as offered by the participants.

Education

Education generally is seen as the means to socio-economic improvement. The link between female education and family well-being is particularly convincing (UNICEF, 2006). Few mentioned it in Llamac and nobody in Queropalca during the interviews, though it then ranked second in both villages. During the ranking procedure, the participants' main concern surfaced: while education was very important, in practice, 'the educated' failed to return to their villages (in contrast to Dombroski's (2005) Chinese participants), therefore, the community as such had no benefit. Especially in Queropalca, many families had some relatives who migrated to the coast or the cities and whose regular remittances assisted their village folk. However, this did not depend on education, but rather on the availability of work. Children of those relatives would receive an education but were unlikely to return. Villagers wanted their children to come back as doctors, lawyers, engineers, but it was not difficult to see from an outsider's perspective that such educated offspring would feel little inclination to return to a poor remote community with little to offer.

However, this may be an opportunity to consider training and education in tourism and hospitality areas to keep young people in the area, and to create jobs that pay better. Such jobs, however, would have to be understood by them as seasonal, not only because tourism in the Huayhuash area obviously depends on suitable climatic circumstances but also because people need to be aware that they need to bridge low seasons with

traditional work, such as husbandry and farming. There are numerous reasons why tourists may not arrive as expected and, as a product of global market forces, locals are just the pawns in the dictates of tourism.

Family

Family was only mentioned once in an interview by a women who claimed that family is the only thing one can rely on. Yet, both villages ranked family as the forth most important concept needed for a healthy community. During the actual ranking activities, this was possibly the most ‘shuffled-around’ item where people seemed to need a long time to decide its rightful place in the order, and its individual placing was very varied (Appendix H). It is not clear what meaning this decision had for each individual participant. Considering the discussion on ‘harmony’, and learning the hierarchy of importance of ‘I’, ‘my family’, ‘my relatives’, ‘my neighbour’, ‘others’, placing family high up in importance makes sense: family as a responsibility of care but also family as a network of carers. This could be followed on by assuming that if each family is looked after by the head of household and each family also looks out for all its members, then, a healthy community would be an agglomeration of ‘well’ families. The sense of belonging that such a perception of family would instill, however, did not trigger the return to the village of those who had left the community, in contrast to Dombroski’s (2005) study in China.

Security

This item was not mentioned in Llamac interviews but became an issue in Queropalca, where residents felt terrorised by vandalising youths who had nothing sensible to do, did not obey their parents nor help on the fields and, instead, went on destructive tours through the village. There did not seem to be any consequences for this behaviour despite its upsetting nature to most residents. In the ranking, this concept was rated sixth and fifth, however. Security was important, and the feeling of safety which clearly brought back memories to the *Sendero Luminoso* era. Nowadays, people were not too worried about problems from outside, though animal rustlers were about. They did trust

community members sufficiently, but petty theft did occur. Neither village had a police presence and people seemed to manage to deal with ‘criminal offences’ although, as happened during my stay, each and everyone can be suspected and accused of a misdemeanour indiscriminately until a case is finally solved.

Good Relations

This item had been included in the ranking because ‘good relations’ were mentioned a few times in pre-data collection conversations. Good relations usually meant ‘getting on with people’ or ‘not being in fights with others’, on a one-to-one basis. This excluded family ties and relations with relatives. That this item was ranked eighth in both villages was somewhat surprising considering the lack of ‘harmony’ and tensions on a variety of issues in both villages. In China (Dombroski, 2005), ‘relationships’ were found to be a new concept that was added as an outsider practice. *Guanxi*, though originally meaning relationship, now stands for ‘connections’ (and close to corruption). Without *guanxi*, it would be difficult to find work and support a healthy life. This notion did not come to the surface in the study locations. However, the villagers’ dependance on business people in Huaráz and elsewhere may lead to this changing in the near future.

‘My roots’ - Connectedness to the Land

This item did not surface during the interviews but , based on previous conversations, was included in the rank-ordering. In Llamac, it rated ninth, in Queropalca sixth. Queropalca, in contrast to Llamac, consisted of many families whose ancestors had moved to the area from a variety of places. Perhaps there was a stronger feeling of place and location knowing that there had been a migration in the past and this new place had been occupied as a start of a new life. It is unclear how old the settlement of Llamac is but any sentiment the participants may have felt in relation to a connectedness to their land was not apparent in the study. Because of the prominence of other concepts, this particular aspect was not pursued any further.

Religion

Religion (trust in God) as a prerequisite for a healthy community life was mentioned only once in the interviews by one woman, and even then, the focus turned to disharmony as a consequence of the people's loss of (Catholic) faith. Both villages ranked religion last though two people in Queropalca had placed this item third and fifth respectively. In both villages, the arrival of a variety of evangelical sects in the formerly solid Catholic communities had created considerable divisions. The sects' various rules and regulations now prevented many villagers from participating in village customs. This became particularly obvious during the carnival period and the celebrations around 'felling the tree' (Appendix F). Proceedings could not start on time and did not run smoothly as planned. People who, because of their administrative role in the community, had special roles to play in this event, did not appear at the venue and this spoiled for the community what was to be a joyous event. This particular event included dancing and drinking, activities strictly prohibited in some sects. Dragging those people from their houses and forcing them to at least be in attendance did little to cheer up the crowd and a palpable ill-feeling served to maintain the tensions. Village gossip would commonly include a comment regarding the spoken-about person's affiliation, and certain people were clearly shunned for leaving the 'proper' church. This included instructions to children specifying with whom they were allowed to associate and with whom not. Yet, despite the apparently prominent position in daily life, religion ranked last of concepts important for a healthy community.

Religion in Andean communities offers quite some surprises for the observer. Generally, South American countries are perceived as solidly Catholic, an assessment which, after closer inspection, often cannot be retained. Although official figures suggest that Catholics represent a high proportion in Andean countries, for example, 81% in Peru, 95% in Bolivia and 95% in Ecuador (Central Intelligence Agency [CIA], 2009a, 2009b, 2009c), the membership of evangelical denominations is growing steadily. New churches are founded focussing on a variety of ideologies and practices, such as the União de Vegetal in Brazil (Dobkin de Ríos & Grob, 2005). Traditional local beliefs, imported African belief systems (as represented in the *candoblé* in Brazil), or animistic

religions practised predominantly in the Amazonian basin are mixed (MacRae, 1998) into a palatable concoction with the religion brought by the conquistadores. In Peru, a wide variety of religions and beliefs can be found. The practice of Catholicism, however, seems to differ between cities/towns and mountain communities. Where city populations follow quite closely the traditional pattern of services, sacraments and so on, similar to what would be found in Catholic churches around the world, Andean communities seem to adopt a rather pragmatic stand when it comes to religious activities. For one, few people go to mass which may be held irregularly depending on when a priest may turn up. Few are on time, and few seem spiritually involved judging from their behaviour, posture and gestures. Excessive noise, unruly children, barking dogs and physical punishment for those not following minimum codes of behaviour, events perceived as disrespectful by an outside observer (religious or not), are not unusual. This uncomplicated relationship with religion allows an old lady during a service to scream at the priest to hurry up. Women can display their anger at a priest who clearly did not care that it was a special day and that the women had prepared food and a spectacular flower display. I witnessed this when this priest had preferred to leave the village in a rush and could not be bothered with local wishes. Such events may convey the impression that religion is just one more thing on a list of chores, but nothing else. In China, Dombroski (2005) had been advised by authorities not to ask too much about religion. Nevertheless, she had observed that religion was something for older people, and something one does (outwardly) rather than what one believes in (inwardly). Perhaps in Andean villages, it is the opposite, where (inward) belief is more important than (outward) actions.

The current data are not sufficient for an elaborate interpretation of the participants' positioning of this concept. However, some background information on Andean belief systems shall be provided here, because there are strong links to the understanding of health and illness. Traditional Andean belief systems include cosmological concepts, and social and ecological frameworks are particularly important when studying Andean illness etiologies. It is known that the Incas worshipped first of all the sun but adopted local gods important to subjugated Andean people. Astronomy/cosmology was as important to the beliefs at the time as was the addition of *Viracocha* as supreme deity

and *Pachamama* (Mother Earth) whose role in local beliefs is as visible today as it was then. Sacred places and ancestral spirits on mountain tops, and especially ancestor veneration (Mantha, 2009), including cults surrounding mummified familial ancestors, date back to ancient pre-Columbian times. The arrival of the Spanish in the 16th century failed to destroy local customs despite the persecution of followers and the campaigns to destroy ‘idolatry’. The historical events and ideological movements around this continuous combat between fundamentally different belief systems are examined critically and in great detail by Mills (1997). The so-called ‘mestizo-style’ architecture of churches and cathedrals, depicting local fauna (such as monkeys) and flora, is an interesting demonstration of making small concessions by acknowledging local beliefs, as long as the Church was seen as the main religious institution. This may be one explanation for the evolution of today’s perhaps unusual approach to Christianity in the remote mountains. In this study, religion was clearly defined as Christian faith. How important local pre-Christian beliefs are in the study locations and the degree of involvement of the very few local healers was beyond the scope of this project. This would need to be examined separately including the exploration of links to tourism issues.

Suggested Concepts for the TOHIAT

Concluding this section on interpreting the concepts and their relative importance to village life, the following Table displays a list of the most prominent concepts important for a healthy community obtained from interviews and from rank-ordering.

Table 11.1 The Main Concepts Important for a Healthy Community per Data Collection Method

Priority	Interviews	Ranking
1	Work	Individual Health
2	Harmony	Education
3	Environment	Work
4	Individual Health	Family

In an ideal world with unlimited resources, each concern could be included in an assessment tool, though, in the end, minor issues would only be of academic interest. Based on this study, the following six items, in no particular order, should be the focus of interest when preparing a health impact assessment that is meaningful to local people in this area:

Work
Individual Health
Education
Family
Environment
Harmony.

This does not exclude the addition of (or exchange of one concept with) a new concept that has not appeared during this data collection but which may surface during the participatory process of designing the tool. The number of included concepts should be such that the tool is not too complex, with an assessment process that is manageable and includes a final visual summarisation for easy understanding and monitoring.

Evolution of Findings rather than Confirmation

The combination or triangulation of data collection methods is often proposed to give findings more weight. When information obtained through different methods is very similar or the same, much confidence is placed in the results of a study because it seems that the methods confirm each others', supporting the outcome as 'correct'. In this study, something different happened: The findings evolved, building upon the previous stage of the research. Participants were first interviewed, then the rank-ordering method was employed. The interviews were unprompted apart from the reference to factors necessary for a healthy and well community. Only follow-up questions were asked relating to responses. At the time of the interviews I was surprised how little information was actually forthcoming, however, I also realised that the villagers had very little experience in being asked their views and discussing such issues. A second factor may be of

importance. People are so used to outsiders coming and providing tangible things, funds, projects, infrastructure. It is a common occurrence to be asked what one brings to the community. This narrow perception of getting wishes fulfilled may make it difficult for many to step back and think about the bigger picture which includes such general concepts as those discussed here. Therefore, it would have been a considerable effort for some participants to talk about 'the bigger picture'. This makes the few concepts each person mentioned items of high importance to them.

In contrast, ranking was prompted by the items on the cards. The interviews had started a thought process, the ranking required now more deliberation and decision-making, especially since there were now 10 concepts to deal with. Seeing additional concepts allowed the participants to place their own views into a larger context.

This study demonstrated that to elicit community views comprehensively, it is important to use different complementary methods. Both interviews and rank-ordering were invaluable, though both did different things. Differences in importance of concepts between interviews and ranking could also occur because people think about things differently at different times. In the sequence used here, participants were able to put forward their views before their views could be channelled into standardised research formats. By the time the ranking started, villagers' own views had already set the scene. Furthermore, the purpose of this study was to ensure that people's overall concerns were captured, not the precise measurement of the most, second, third, and so on, important concerns which would not only be impossible to do but also of no particular value in practice.

Summary

This chapter interpreted the concepts chosen by the local participants as important for a healthy community. Where possible, those concepts were also linked to related literature to provide some background of the larger context in which those perceptions originated. Income was a factor of expected high importance to rural livelihoods. However, the majority of concepts were independent of money. This demonstrated that

well-being and a certain quality of life depend on a number of things that have little to do with money. Although tourism often promises quick riches, many see other issues as more important, and tourism's impacts can jeopardise those precious commodities. It is, then, important to ensure that such concepts are dealt with in impact assessments with the diligence and respect they deserve. Chapter 12 will present some reflective comments as they emerged during the journey of this project.

CHAPTER 12 - REFLECTIONS

During and after the field experience as well as the entire process of analysing and interpreting the data and writing this thesis, a few themes emerged that deserve some reflection beyond that commonly reported in the literature. They stand out because of the link I made constantly between what I read and wrote, and its meaning at grass-roots level in the two villages. These concepts had emerged from different angles in the literature review, and in the findings, but are now considered from a practical point of view. This deliberation was guided by questions, such as: How would that work in Llamac?, or Is this really happening in Queropalca? The meaning of community and the concept of power are revisited, and the dichotomy ‘outsider vs insider’ is examined again. The person of the researcher and its influence is also considered. Although these themes are presented sequentially, it is important to understand that they are all interlinked. Also, my previous years of experience in Peru have not been bracketed out but utilised for a more inclusive understanding of location-specific issues as part of the big picture. These reflections are based on my personal views and it would not be prudent to generalise from them. However, they provide starting points for more comprehensive explorations of those issues.

The Meaning of Community

The difficulty of interpreting the concept ‘community’ has been alluded to in Chapter 4. From very abstract theoretical academic discourses down to simple ‘how-to’ guidelines for practitioners in the field, the literature uses ‘community’ in a way that suggests that the meaning of this term is universally agreed upon and the reader knows how to interpret it in a given context, for example, community as ‘the general public’, as a religious group, or as residents of a suburban street. Although this may be acceptable in many situations, problems start when precise practicalities are involved. At the grass-roots level, there is no room for abstract notions. Questions arise about who exactly is part of the community, who leads, who represents, who has a say, who wants to have a say but does not, who is excluded, who is not interested but wants the benefits

that others achieve for the entire community, who cares, who would invest time and energy (if not money), who is interested in working with outsiders, who does not want outsiders involved, who thinks change is necessary, who thinks change is achievable, and who will appear to cooperate only to lose interest or undermine a project. 'Putting locals in the driving seat', as Crewe and Harrison (1998, p. 171) alert, 'is not as straightforward as simple calls for participation imply'.

In this study, the definition of community was clear as the entire population of two specific villages. The questions listed above all arose while on location as well as during analysis and interpretation of the findings, and the writing of this thesis. These questions appeared because I had been in both villages, had taken part in many activities, had observed and conversed with a wide variety of residents all the while imagining how the planned impact assessment tool would fare in the process of being designed, tested and prepared for use by the people potentially affected by tourism development.

The Myth of Harmony

We use the term 'community' in a way that implies a wholesome entity, we listen to the 'communities' voices', we help 'them'. Indeed, this study used the same terminology referring to the contrast between the powerful and the powerless, between the rich and the poor, between those in control and those who are exploited, between the outsiders and the insiders. The literature confirms the problems with 'harmony' encountered in the study locations (see Chapter 11). The reality is that a community still consists of individuals who have different positions within the community. But also their views relative to a community project, whether it comes from the outside or is an internal attempt such as the community-garden in Queropalca, will determine their acceptance, ownership and participation. At this stage it seems that primarily individuals benefit from projects, and it is only individuals who may see enough reason to cooperate. Inherent factions - 'or conflicting interest groups' (Botes & van Rensburg, 2000, in their exploration of barriers to community participation) are to be expected and may instill in academics, researchers, social workers and other well-intended 'helpers' a feeling of

disappointment over ‘ungrateful’ communities, and puzzlement over the people’s lack of insight and acceptance of ‘superior’ ways of doing things. Jha (2009) discussed well the difficulties of organising communities with long-standing divisions kept alive by prejudices, stereotypes and exclusionary memories on all sides. Disharmony may also be useful for outsiders to gain easy access and use the support of one part of the community to pursue their agendas. Internal affairs are for the community to deal with but a divided community does not excuse turning a location into an unhealthy place due to tourism involvement. On a positive note, if employed prudently, tourism can perhaps be used to enable the villagers to slowly find their lost social capital.

Community Participation

The literature review (Chapter 4) examined in detail aspects of community participation and its application in health and in tourism as they are relevant to this study. Different degrees of participation and innumerable barriers to ideal participation have been discussed widely by scholars, some of them very critical of the concept. Understanding such theoretical frameworks is very helpful in explaining what can be observed in practice, but the task of applying suitable solutions is not readily discussed in the literature. The question of who participates and why (see also Cornwall, 2008) needs to be explored and cannot just be answered by blaming factions in the village. Rifkin, in 1986, highlighted the fact that it is impossible to consider community participation outside a political context. It can be argued then that the ‘micro-political’ context of village life should not be forgotten in the discussion, nor the overall political framework of a country.

A Peruvian bonus that many other countries do not have is the prescribed monthly *asamblea* which, for better or worse, can be seen as a type of ‘forced participation for their own good’. At the very least, this tool allows a comprehensive spread of information, of proposals, and of the possibility and need for communal decision-making. Used wisely, it could be the vehicle to introduce community-relevant opportunities, to make decisions that can be based on the views of each household and

to have a starting point for community-owned interventions. My experience in participating in an *asamblea*, though early in the project, and extensive deliberation of the practicalities of community-driven measures to ensure villages are adequately protected from un-checked tourism development, focus more and more on the *asamblea* as the core podium for community projects, not only for the formal steps on the cycle of such activities but to keep the project alive in-between. This could also be one way to counteract 'élite dominance' (Tosun, 2000) whereby the powerful in a village use their position to increase their benefits at the expense of others.

Who Represents a Community?

The potential problems of local organisations representing a community, e.g. for legal assistance, have been discussed by San Sebastián and Hurtig (2005) in the case of the environmental health disaster due to oil drilling in the Ecuadorian Amazon. However, based on my experience over the years, the issues are more immediate, starting with the elected mayor (government representative) and the elected president (community representative), and ask questions, such as: Do the two get on?, or Where are people's loyalties located? With the potential change of the incumbent after each election, it is very difficult to introduce projects or programs with a view of sustainability. People in authority, assuming they are in favour of the project, do not stay long enough to guide and monitor. There seems to be little hand-over and, hence, no consistency and no continuity. Reports remain in locked drawers or are seen as personal property which makes the person feel important and powerful but excludes others from access to crucial documentation, often produced at great expense, that would allow appropriate decisions and action. With nobody in charge and nobody taking responsibility, many projects do not get over this first hurdle. In the two study villages, people talked about previous planned projects or projects that started but never went anywhere, blaming subtly or not so subtly the usually foreign project workers, not understanding that the projects often died because the community members, the authorities included, did not continue with the activities that had commenced. The reasons include this first hurdle at the point of entry to the local authorities but then numerous others, such as no interest, no

ownership, internal problems and many more legitimate reasons. On the other hand, abandoned projects that were seen as beneficial but blocked by the authorities did not trigger in the villagers any demand for an explanation or accountability either. It seems that unless a community owns and demands a project and forces a laggard leader to get busy, the momentum is lost, and hopelessness, lethargy and fatalism, as well as the need to get on with life, have yet again deprived a community of an opportunity to improve its material well-being.

De Silva et al. (2007) alluded to corruption among some community presidents which would also seem to convey to the community that investing any effort in decision-making, and implementation and maintenance of a project would be futile which may explain again the preference for individualism encountered in the villages. Perhaps it has to be a harmonious community that directs demands to its elected leaders but deep factions may make this an illusion - for now. However, people in authority are important for researchers in that they decide, for example, if access to a community is granted. This seems easy enough but it is from then on a very fine line that determines success or failure. The persons in authority may have their own agenda in relation to a project but it can get difficult for a researcher to remain objective and sufficiently detached from these persons to keep a good working relationship. The time spent with local authorities may also convey to the observing public some non-existing 'collusion', suggesting that the researcher is biased and really only favours community leaders. Being aware of this potential pitfall, I made sure that I was seen in the community with a wide range of people often, and for long periods of time. It is important to be alert of any mood swings because a researcher can become a pawn for different groups. I was very lucky to spend my time in the villages well-received by all but I can see clearly how problems with alliances with local authorities, favouring one group over another (real or imagined), or being seen with the 'wrong' people can stop a study or project in its tracks - and make it hard for other people to work with the same community.

Power

The concept of power has been present throughout the thesis to different degrees. Interestingly, power has never been mentioned by the study participants. The WHO (2008) listed political empowerment and participation as core aspects to better health, yet, there was no ‘more power to the village’ to be heard in either study village. Possible reasons are innumerable as alerted to by scholars critical of participation and empowerment, particularly in the view of poverty elimination (e.g., Cornwall, 2008; Hall, 2007; Harrison, 2008; Israel et al., 1994; Scheyvens, 2007; Tosun, 2000). The historical administrative irrelevance of mountain people and centuries-long oppression may well have rendered villagers lethargic and fatalistic, as pointed out in the literature, to the point that the idea of being afforded some power becomes an alien concept. People at the periphery are dependent on outside power, from the government to private enterprise. They are also accustomed to a local power hierarchy where more powerful and vocal villagers make decisions affecting the entire community and also reap the benefits of those decisions, here relating to tourism. The subsequent perception of being largely irrelevant may undermine any attempt for greater unity within the community when it needs protection from ill-advised developments.

Power usually represents social and political power. However, this form of power being limited, there is another category of power which rarely rates a mention. Local people’s knowledge puts them, albeit unwittingly, in a powerful position. But, if ignored or belittled, this unique asset does not protect a community from being pushed aside when outsiders’ economic gains are at stake. In affairs affecting them directly, locals have more inherent authority than researchers, experts, development agencies or enterprises because *they* are the experts in *their* own world, *they know*. Exploring the link between power and knowledge, Gaventa and Cornwall (2001) discussed the need for ‘new categories of knowledge, based on local realities’ (p. 76), but they also alert to a number of dangers, among them that community knowledge is not necessarily knowledge by consensus, or that one set of dominant knowledge (from outside) may be replaced by another set of dominant knowledge, that of local élites.

Nevertheless, at this point, power through local expertise may be easier to achieve than political and social power in a less than favourable political and social context. Therefore, this local knowledge and people's views based on it, should be nurtured, brought to the forefront and promoted to confirm its importance beyond community borders. Seeing their unique insight acknowledged as the basis for an official tool hopefully demonstrates that the villagers are valued, their voices heard, and their well-being important and of concern not only to themselves but to others as well. This form of empowerment has the potential to restore self-esteem in larger parts of the community and perhaps further some unity from whereon more steps can be taken to make the community stronger in terms of demands that protect the well-being of the location. The question of empowerment endangering villagers is not far-fetched. Social change has the potential to trigger violent clashes with authorities, developers, and between factions in a community. This is especially the case when long-brewing tensions erupt suddenly. It seems hard to imagine that violence could happen in either study village, triggered by conflicts with stakeholders, tourism authorities, government authorities, private developers and others, or between neighbouring communities, though the violent clashes in Llamac with the mining operation were probably not expected either. Therefore, it seems wise to start the process of making clear that power and authority rest with the local villages so that they have a say in their own affairs and how they should be handled.

Capacity building is one way to contribute to such a power shift. A thoughtful approach to training and education in tourism and hospitality would provide some interested villagers with an opportunity to increase their income from tourism, being aware though of the potential problems that such opportunities can create as well. Giving villagers the TOHIAT to assist them in their decisions is a further way to put them in charge and in a powerful position. Laverack and Thangphet's (2009) positive example from Thailand may be helpful in considering capacity building in Llamac and Queropalca.

Well-Intentioned Disempowerment - the Role of NGOs

Non-governmental organisations (NGOs) have been main actors in the development industry for many decades. From large international organisations to small local groups, their role is to ‘help’ the poor and disadvantaged through a large array of projects and programs in agriculture, health, education and so on. Without a doubt, much good work has been done in various locations but, especially from the 1990s onwards, critical examination of the context in which NGOs’ work has taken place, their mission, intentions, dependencies, and outcomes have, rightly, been put under the microscope. Increasingly, organisations that did not originate from the local communities they are supposed to help, have met with suspicion as to their motives and the long-term benefits of their involvement. Especially issues of power, control and dominance (Chambers, 1995b) need to be scrutinised, also in the light of the donors’ power and influence in such programs (Sridhar, 2009). Even locals, not only employed by foreign or national NGOs, but also in charge of considerable funds, often adopt a position of power over their fellow community members. This also applies to local individuals who seek cooperation with projects, such as farmers or small-scale entrepreneurs. Based on a Zambian example, Crewe and Harrison (1998, p. 157) conclude, ‘people associate development intervention with a prospect of material and status improvement’.

Innumerable NGOs exist in Latin America using various approaches to combat poverty and ‘do good’, supporting microfinance and microenterprise being recent ones as Mayta’s (2003) example with Bolivian women demonstrates. Space-constraints do not allow a detailed examination of NGOs here, but my personal observations from Peru are provided to support my criticism of their role in disempowering people. Countless NGOs operate in the country, again from large well-known international organisations to ‘one-person-shows’. I have not yet pinpointed the reason for the discrepancy between their abundance compared to the limited impact NGOs seem to make here. Because of this ubiquity, some generalisation can be made despite being aware of individual projects with positive outcomes. In over 15 years in the country I have come across an array of mainly foreign individuals who turned out to run an NGO. Many of them were

the one and only ‘staff’, had no program, no policies, no mission, though sometimes odd project ideas, but took advantage of the benefits of registering an NGO in the country. Doing little or nothing, these ‘directors’ probably do the least harm to the locals, since many would not even make it to the locals but rather spend their time in regional cities. Others start NGOs armed with the best intentions but without any technical background or any knowledge of important development issues, of the political, social, cultural or historical contexts, or local legalities. They try to provide, build, fix, and some NGOs can demonstrate nice outcomes. However, as Hutchins (2003) warned: ‘projects based on a more paternalistic sense of doing good for the down-trodden, rather than allowing a local sense of what is good and proper to emerge, may meet short-term instrumental goals but fall short of truly sustainable development’ (p. 173). In an unrelated study (Bauer, 2008b), local men in Cuzco were suspicious of the motives of Western women who claimed to run or to work for some NGO but in reality were mainly observed in discos, picking up locals.

Considering the many less than favourable facets of NGOs, one can argue, that when an organisation has been around forever, the questions should be asked, Why?, and Why have the locals not been enabled to take over? Unfortunately, the reason for the decision to stay on and keep the status quo lies more frequently in the staff’s keen interest to stay in the country with often comfortable jobs not available in their own home country, and a steady stream of donor funding, rather than the goal of handing over a project and making themselves dispensable. In general, my observations in Peru lead to a very critical view of NGOs’ presence and their effect on local people. Unless one is clearly identifiable as a transient tourist, it is quite common in villages to be asked from which NGO one is sent, what project one brings and what type of money could be expected. It must be questioned if even well-meaning NGOs do not cultivate a mentality of begging and create a population of recipients and ‘awaiters of aid’. Bringing money, projects, infrastructure and programs (and displaying power along the way) paralyses locals’ potential to help themselves, their creativity, enthusiasm and own efforts, leading to what Díaz et al. (2002) called ‘parasitic dependency’. Many programs come with ready-made solutions locals are to accept instead of enabling people to do things for

themselves, as the TOHIAT would which is also based on their own criteria of concern.

A peculiar phenomenon, at least in my experience, is that this passive waiting for somebody to fix problems does not seem to be as prominent in neighbouring countries, such as Bolivia, where local poor people seem much more active in organising themselves and getting together to solve problems (also personal communication, Editha Kana, 11.6.2008). Interestingly, in Eversole's (2003b) book *Here to Help. NGOs Combatting Poverty in Latin America*, none of the 10 chapters discussed NGO activities in Peru. Here, it seems, people are suffocated by the myriad of NGOs and, in the end, instead of combatting poverty, the organisations' presence ensures the opposite in that people are deprived of the opportunity to self-organise and handle their own destiny after an initial helping hand through mindful assistance. Rather than operating in a specific country, the well-known UK based NGO 'Tourism Concern' (Barnett, 2008) takes a different approach to alleviating negative tourism impacts and against exploitation of local people through tourism activities. It raises awareness among the travelling public to slowly influence policy-makers but progress is understandably slow.

Outsider vs Insider

Power imbalance is reflected in various aspects, one of the most obvious is the dichotomy 'outsider' versus 'insider', though neither side is homogenous either. Generally, outsiders are people, groups, agencies and organisations that do not originate from a community in question although it is possible to have a former community member associate with outsiders and so 'cross over'. This section explores the various roles and positions of outsiders, how they impact on insiders who often find themselves as 'token' participants. The call for participation came precisely because the fate of communities was often decided by anyone but the local people. Studies were outsider-driven, needs were outsider-identified, and decisions were outsider-made. In the best case scenario communities were aware that something was going on, and in the worst case they were oblivious to the fact that their lives and futures were being discussed and decided.

The catastrophic effects of power and control exercised by developers and organisations over unsuspecting communities have been well-documented and, though frowned upon, are still ubiquitous. Continuation of such behaviour will only lead to a firmer establishment of the current inequalities. However, a blanket condemnation of outsider influence does not help or change the status of poor communities. It is important to examine what exactly is the problem and where outsiders may have a place. It helps to accept that terms, such as 'help', 'assist', or 'enable' are already indicative of a power imbalance. The one who helps is, by default, better, stronger, or more able to do something than the other who is helped. Being honest about this simple fact may assist in approaching issues, such as poverty reduction, community development, and so on, afresh. We 'outsider-experts' enjoy the privilege of education, insight and resources which puts us automatically in a more powerful position despite different cultural backgrounds and often next to no knowledge of local idiosyncrasies. Should we not use this privileged position to offer assistance, either solicited or suggested when we see opportunities for collaboration, to set up a community to get ahead as they see fit? Should communities not take advantage of all our assets to improve their livelihoods? In this thesis, the dichotomy 'us' vs. 'them', or community vs outsiders has been maintained on purpose to highlight and demonstrate each side's position clearly. This was a necessary starting point. After understanding the issues, it is now important to examine how this knowledge can be of use to actually work with communities in practice because just knowing and accepting the status quo means perpetuating a much deplored situation without offering a solution.

The criticism of outsider involvement centres around power and control, when the outsider/expert/developer/organisation/academic has a hidden agenda, i.e. gains something from the community that a community would not necessarily part with were it informed or involved. The poor, marginalised and disempowered are so precisely because they have no power, no power to organise, to build a case or to speak up. Left to their devices and without an advocate, it is hard to see where and how they should get this power to decide their own affairs. Therefore, it seems morally acceptable to assist if this is done with sensitivity, respect and humility. As Liu and Wall (2006, p. 160)

suggested, 'many, perhaps most, communities in the developing world may require an outside catalyst to stimulate interest in tourism development, and external expertise to take full advantage of their opportunities'. Morgan (2001), in her review of community participation in health, pointed out that neither the utilitarian nor the empowerment model of participation insists on initiation of cooperation entirely from within communities, rather, some degree of outside motivation is expected.

This requires not only the clarification of roles of each player in a project but also the frequent reflection on how things are done and monitored, so that one does not lose sight of the objective to reduce outsider power levels acceptable to all to the point where genuine assistance starts. This includes a serious consideration of the time frame involved. Lomowaima's (2000) words 'tribes have too often seen outsiders - teachers, missionaries, federal administrators, researchers, doctors and 'friends' - come and go ...' (pp. 15-16), should be heeded, and the feasibility of a long-term commitment examined. Today's technology allows easy communication and collaboration around the globe, although for rural and remote villages in developing countries it is still the norm not to have a telephone line or daily transportation. The question of sustainability has to be raised when starting a collaboration, and long-term commitment. Raising expectations, only to find that a project cannot be continued for practical reasons, is distressing for those who have a genuine interest in a community but it also creates disappointment, and even mistrust and suspicion among members of the affected community. This may, in the end, be not very different from the mistrust created by 'impostor tourists' who later turn out to be mining prospectors as happened in the study area.

There is a limit as to what outsider assistance can and should do. One must accept that there are things that are the responsibility of the community members to sort out among themselves, such as tensions, envy, the welfare of the less fortunate, the degree to which traditional forms of collaboration may want to be revived, and how to make their community work. Of course, the heterogeneity of a community also leaves us with the question, Do we then only work with the 'good' locals? Do only they deserve our help,

assistance, donation, wisdom and advice? How do we approach those who do not care, or who undermine our work hoping that this way they don't lose power, control, business interests and influence among their own? Are we, perhaps, asking too much from communities when Western communities are not necessarily better when it comes to running their own affairs?

One danger with outside help is that the poor see too much emphasis on money, such as the promise of riches in the near future through developments, but also the seeming abundance of funds available to foreigners who pay for infrastructure, equipment, labour and consumables, that they may be reinforced in thinking only in monetary terms and overlook the many other factors that influence a healthy community. This links back to ProPoor Tourism (PPT) as the saviour of the poor, but what happens when the tourists decide to go elsewhere? Is PPT, behind its pretty rhetoric, not just another form of exploitation? This money-based scenario would certainly be a philosophical nightmare for those who want to promote a holistic approach to well-being in a community.

Although critical of outsider influences, I am aware that, in this project, I am an outsider myself. The problematic nature of health impacts of tourism had been brought up by one community, and the concepts yielded in the conversations with the villagers represented their views. However, as the researcher, I am still in a position of power, not only through my academic background, but all the many large and small choices I made. Examples include the selection of background literature chosen for this project, to the design of the study, the decision when to visit the villages, and the choice of Queropalca as the second location, all activities and interaction before, during and after the study, to the way I present this work in publications. In fact, even to take on this project in the first place was a decision entirely outside the first community's control. However, I am very aware of this and also the difficulties created by the geographical distance between my residency in Australia and the Cordillera Huayhuash which influences the frequency of visits.

Governments, outsiders in many respects, should be interested in assisting marginalised

communities if only to maintain stability and avoid civil unrest or large-scale revolutions. But the further away communities are from the administrative centre, exacerbated by rugged terrain such as mountains or jungle, the quicker their needs are forgotten and the more vulnerable they become to outside predatory interests. At the end of this first part of the tool design, and based on the various concepts, views and perspectives encountered throughout this project, genuine and thoughtful assistance appears necessary and beneficial. It is the exploitation and deceit, many communities know so well, that I oppose. The demand for genuine participation still stands despite the many practical problems, but they are not reasons for not searching for ways to give people a chance to help themselves.

The Researcher in the Field

The important role of the researcher shall be afforded some reflective comments as well. Leaving a comfortable office environment and moving not only to a different country, city or town but to remote villages, poses challenges for a researcher. These challenges, to the uninitiated, may prove too formidable to continue the planned data collection. I was lucky to be used to very basic village life in often inhospitable regions and was very aware that such stays rarely fit with the romanticised notions people have of remote mountain communities. Very cold and wet conditions, lack of electricity, running water and basic sanitation, limited space, unaccustomed food, language and culture, very limited communication to the outside world and only the content of a backpack at one's disposal may test some researchers' ability to remain positive in the field. The level of acceptance by a community and the researcher's personal qualities, especially if overly introvert, will direct how a stay develops, what interactions are possible and what level of access to locals. For a variety of reasons, some researchers may find themselves as more of an outsider and, hence, be idle relatively often because they cannot or do not wish to approach community members. Other researchers may be very involved in village life which, as I have experienced, can be very exhausting. Regardless, it is important to stay healthy, safe and self-sufficient and still in control of one's situation to be able to make considered decisions, rapidly if necessary, relating to everyday life

issues and in relation to the study. It is also prudent not to be seen as somebody's protégé, for example, by any close association with one person, one family or one group. I was concerned about my lodging in the mayor's house but, because part of it was a commercial accommodation, this was acceptable in that village. Reflecting on the many encounters and conversations, it also seems to be a bonus when a researcher is more mature as life experience appeared important to the people and provides the visitor with greater credibility.

Researchers should contemplate early in the project the expectations they place on their field work in terms of findings and also the degree to which the expectations can be met. Unrealistic expectations will lead to disappointment and this could transpire in the interaction on location in general and with study participants in particular. I had no preconceived ideas about what villagers would tell me and I was ready for anything in the understanding that I would then have to deal with any decisions about where the conversations would go next. It is important to understand and accept the world of the participants as the driving force, and what they consider important as the guiding principle from the outset. This will determine the type and quality of the information shared. People have needs which shape their daily life. Therefore, conversations centre around daily life issues, and any expectation of spectacular conceptual discoveries are unrealistic and foolish. However, this does not mean that people who are not used to Western concepts do not employ abstract thoughts. But these thoughts cannot necessarily be obtained in a research environment where a formal interview (with information, consent procedures, often with signatures) comes across almost like an examination or interrogation. Rather, these thoughts, embedded in culture, tradition and history, are the ones that can be heard when sitting together in a field, herding livestock, or sitting around the fire at night, when conversations happen after much time has been spent together and trust has developed. An exchange between people on the same level, when the researcher has been accepted as worthy of receiving such insight. These opportunities are rare and precious, always a privilege and, out of respect, should not enter the context of research unless explicitly agreed to by the people.

Projects with an inherent long-term character pose additional problems, be they longitudinal studies, extensive ethnographies or projects that require the implementation of intervention, including monitoring, modifications, evaluation and long-term application, such as this current project. In many cases, unless the initiating stimulus/person remains in the location to assist, supervise and keep the momentum going, projects considered good may fizzle out. This is despite people's strong interest and reflects their many other commitments. When the need for an activity (here the use of TOHIAT) occurs only sporadically (with any movement in terms of tourism development), this difficulty is exacerbated tremendously. Few researchers will be able to leave their jobs and 'move in' permanently with a community to work together to improve livelihoods, though this may be a tempting proposal for soon-to-retire academics or development workers. Having to leave a location and considering all the barriers and hurdles alluded to in this thesis, be they practical, theoretical, ideological, cultural, political or social, it seems much promising work may meet with a gloomy end. Would it be better not to start projects at all since sustainability cannot be guaranteed? Should one continue, albeit unsatisfactorily, hoping that somewhere somebody may have more control over a slightly better life? Are the resources, time and energy invested justified? These are fundamental though, ultimately, philosophical questions field workers and organisations need to answer for themselves. Although success is never guaranteed, it is argued here that a community asking for help deserves appropriate and respectful outside assistance. The condition is that those who come to help let their efforts be guided by putting this community's well-being first, have the necessary situation-specific knowledge and expertise, and are not committed to a hidden agenda based on deceit and dishonesty.

Summary

This chapter described selected concepts that are important for a more reflective treatment. Descriptive or critical/analytical discourses on those themes abound. But it is important to go beyond this abstract level of thought to examine the practical usefulness and applicability which seem implied often unquestioned. A large body of

literature on a topic or a considerable evolution over time of a particular world view does not mean that a paradigm is set in concrete and such themes cannot be questioned further and re-visited. In the end, what counts is how things work in practice to the benefit of real people in real-life situations. The thoughts presented here are still preliminary and will change with time as the work on this project continues. Chapter 13 suggests some recommendations arising from this study.

CHAPTER 13 - RECOMMENDATIONS

This study represents a starting point in the development of a locally acceptable tool that allows a range of stakeholders, but first and foremost the affected local residents, to assess health impacts arising from current or prospective tourism developments. Eventually, such tools should be available for similar situations in developing countries around the world, though uniquely tailored to be meaningful to individual settings. Three major areas of follow-up activities are recommended, the dissemination of content and findings from this study, the preparation and field-testing of a preliminary tool, and the exploration of additional suitable methodologies to assist in obtaining more information of local people's understanding of a healthy community and potential barriers to well-being.

Dissemination of Content and Findings

Apart from the availability of this thesis to an academic audience, it is important to prepare a concise report in Spanish on the findings for the two study villages. This will happen in the form of two hard copy reports, one to be kept with the village authorities, presumably in the mayor's office, and one clearly marked as the property of the community to be stored in an appropriate accessible location as determined by the community. More important will be an address at each village's *asamblea* to ensure that all households are aware of the outcomes of the study and also the location of the reports. Whether and which stakeholders, such as overseas tour operators and local agencies with a Huayhuash program, any further reports are sent has to be decided carefully. For many, the findings which report 'only' local people's views will have no particular meaning or be of little use. It is hoped this will change once a draft tool is available. In particular, overseas tour companies that operate in the area and market their operations as having a socially responsible consideration of local people will be involved early as they may also be potential users (or monitors of the use) of the tool.

Other study outcomes, such as parts of the literature review, and the rank-ordering

methodology have already been published (see Publications A-C) or presented at conferences. The numerous foci in this study provide ample material for future manuscripts to be submitted for publication and for presentations at international meetings. Furthermore, when the opportunity arises, cooperation with tourism departments of local universities will be explored, not only in terms of knowledge exchange on local tourism impacts but also with a view of long-term monitoring and assistance of local communities. Similarly, there may be an opportunity to cooperate with local projects that are accepted by the communities.

Preparation of the TOHIAT and Field-Testing

In Chapter 11, six concepts were suggested as the basis for indicator development for the TOHIAT. Figure 13.1 illustrates a tentative process of suggested steps towards the tool development. An important step will be to consult the literature of a wide variety of disciplines to ascertain possible aspects, practical hints or unexpected perspectives to indicator development and assessment that might be transferred to this tool in an innovative and creative manner. Once a tool is designed that features most prominently the concerns of the local people in the two study villages, a decision needs to be made regarding the addition of ‘expert’ indicators, such as toxicological measurements of water and soil, perhaps as a subset of the tool. Also important is the design of a visual summarisation of assessment results that allows the monitoring over time and a quick appreciation of results, such as a spiderweb chart (for a fictitious chart see Appendix I).

However, field-testing of the tool items that refer to locals’ concerns should already be conducted before expert indicators are added to use the time wisely for the improvement of that part of the tool. For the testing, the researcher’s presence will be required to ensure a timely progress. First, the tool itself will have to be scrutinised by community members, preferably including some of the original study participants, then 5-10 people should conduct an assessment in each village. At this stage, the general usefulness of the tool can be trialed by looking at the villages from the perspectives of each concept.

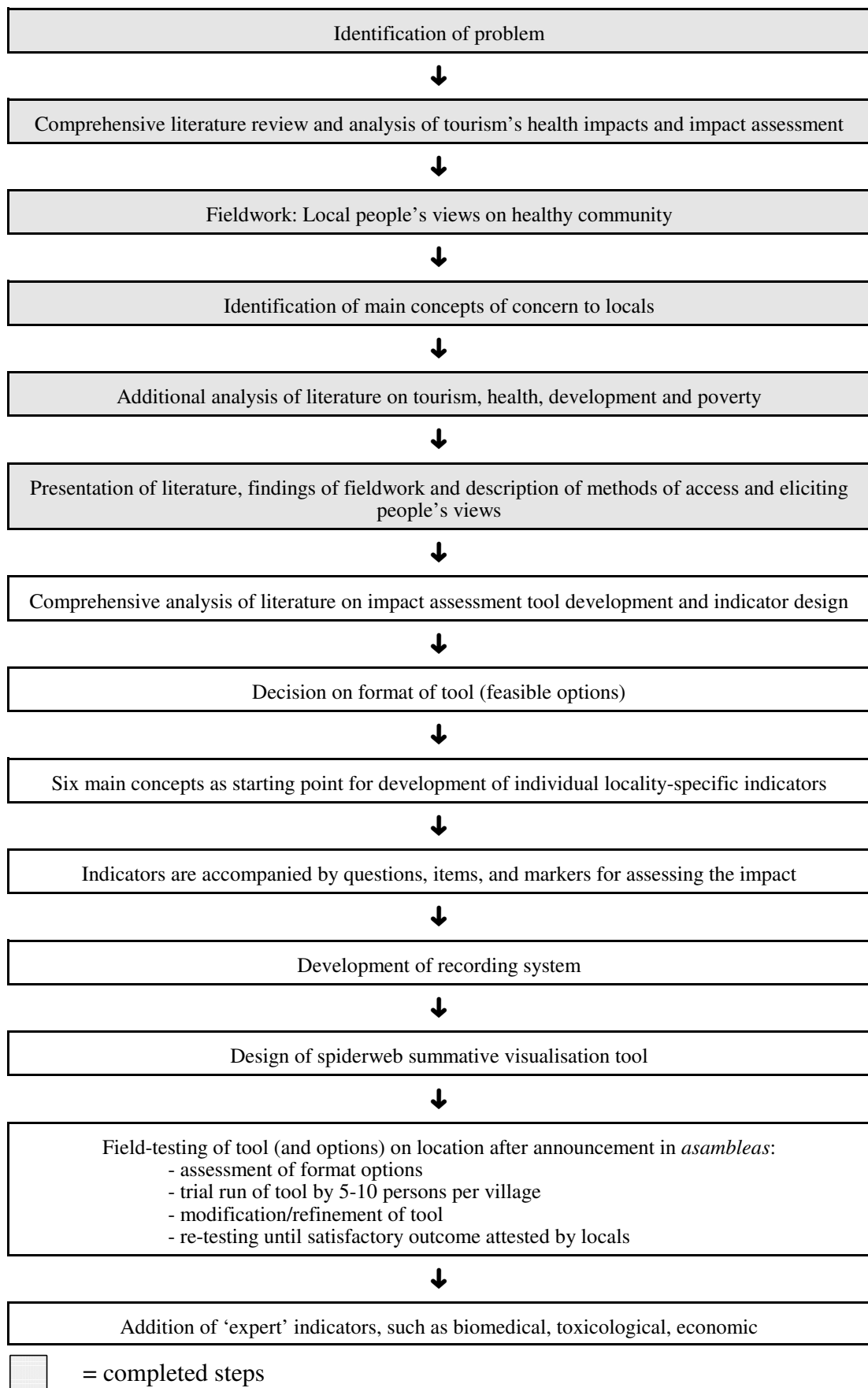


Figure 13.1 Suggested Steps of the TOHIAT Development

Wording, comprehension, user-friendliness are but a few aspects to be tested. Later, the tool can be tested and tailored to specific developments, e.g. a tour package or a construction of an accommodation building. Individual conversations and small group discussions may be the most appropriate way to collect people's experiences with the assessment. They need to be recorded and incorporated in the refinement of the tool. It is expected that several cycles will be necessary to arrive at a satisfactory instrument.

At the same time, current and yet to be established links with health and/or tourism professionals in other countries in the Andean region, in South and in Central America, and in Africa and Asia, are envisaged to replicate the data collection conducted in Llamac and Queropalca. Through this, similar tools may be created and tested in other areas of the world that also experience problems with local people's exclusion from tourism projects to their detriment. Over time, it may be possible to arrive at a generic tool that can be tailor-made for a particular location by adding locally relevant aspects in need of assessment.

Further Research

One aim of this study was to obtain local people's views on core prerequisites for a healthy community. This has been achieved, but it is prudent to reflect on the methods used and explore other methodologies and methods that can enhance the process of seeking information as sole or additional pathways.

Reflections on Current Data Collection

The data collection methods used here, that is unstructured interviews (with or without photo elicitation) followed by a rank-order process, appear to yield satisfactory outcomes and could be used again in the same way elsewhere. A useful extension might be: 1) interviews, 2) rank-ordering, and 3) in-depth interviews focussing on the ranked concepts. What seems entirely unfeasible in the location of this study, and probably in similar settings where people's days are committed to work obligations, are focus groups, a method that would normally spring to mind when studying groups'

experiences or views. However, it would be virtually impossible to get people together at a prescribed time, and if this were to happen it would occur with inconvenience to the study population, clearly something a researcher wishes to avoid. However, additional or alternative options to collect useful information are possible and will be suggested shortly.

The literature review in this study covered a wide range of topics related to 'Tourism and Health in Developing Countries'. Literature on topics relating to remote areas is notoriously difficult to obtain. The further away from mainstream interests, the less research is usually conducted, either on the particular geographical location or on the topic in question. Where there is little information, seemingly unrelated topics may still give valuable insight. For example, literature on mining, culture, geology, husbandry, history, ethnic groups, political developments and so on, also in comparable locations elsewhere, may all unearth links to issues, such as health or impacts. Unfamiliar disciplines may, therefore, harbour vital clues, emphasising the importance of venturing beyond traditional health or tourism realms. Experience from this study suggests that a maximally comprehensive review should be undertaken to avoid missing a chance discovery of perspectives and insights entirely 'new' to one's own area of expertise.

This is also the reason why, on purpose, no particular conceptual or theoretical framework was chosen at the outset of this project. Due to my general interest in researching the health impacts of tourism, I was already familiar with that body of knowledge, but only literature on impact assessment had been reviewed specifically (Chapter 7) to understand the technical issues of this approach before embarking on the field work. The majority of themes covered in the Chapters 3, 4 and 5 were only explored in detail after the fieldwork, based on issues arising from the field. This way, I was able to visit the villages and approach the study topic without preconceived ideologies, almost as if using a Grounded Theory approach (Glaser & Strauss, 1967), although, no new theory was expected as a result of this work. This action also had the benefit that it was possible to build mental bridges between the theoretical discourses and what was experienced on location - unadulterated by preconceived ideas. The post-field literature review provided useful areas of context which can now lead to more

specific and theoretically guided explorations and discussions to influence future fieldwork. The remainder of this chapter will discuss a few research approaches that seem suitable for an extension of this study, or to triangulate methods to discover more in-depth meanings. Table 13.1 summarises the core aspects of interest.

Participatory Action Research

Based on the liberationist movement informed by Freire's work, participatory action research (PAR) is gaining momentum in various disciplines, including community studies and health research. Reason (1994) compared PAR with two other approaches of participatory inquiry (co-operative inquiry and action science/action inquiry) and identified three prime concerns of this methodology: 1) power and powerlessness, 2) knowledge and lived experience of people - often oppressed groups, and 3) authentic commitment leading to genuine collaboration. Compared to other participatory methodologies, PAR emphasises the political aspect of knowledge creation, and participants, *per definitionem*, come from marginalised, impoverished, oppressed minorities. Khanlou and Peter (2005) offer another useful categorisation by pointing out the two approaches which formed the ideological basis for PAR, action research and participatory research. Action research, proposed in the 1940s by Kurt Lewin, attempts to solve individual and institutional problems by employing a cyclical process of steps which include the cooperation of people affected by the problem. Participatory research, they explain, started in the 1970s in Tanzania as a tool to enable oppressed groups to improve their lives. PAR then marries the 'northern' action research and the 'southern' participatory research (McTaggart, 1994) but gives local people an egalitarian position in the inquiry. 'By making minorities the authorised representatives of the knowledge produced, their experiences and concerns are brought to the forefront' (Esposito & Murphy, 2000, p. 181). A detailed overview of the historical, theoretical and ideological evolution of PAR is given by Wallerstein and Duran (2008). PAR utilises a wide range of conventional and alternative methods to gain an insight into the context of interest.

However, as Esposito and Murphy caution, this will only work if data collection methods, such as the use of a questionnaire, are not only used to 'collect data' but to

Table 13.1 Alternative Research Methods - An Overview

Research Method	Useful Publication	Core Issues	Local Involvement
<i>Participatory Action Research</i>	Wallerstein & Duran (2008)	<ul style="list-style-type: none"> - based on Freire's work - political component (empowerment) - local knowledge, lived experience - action research (Lewin, 1940s) - participatory research (McTaggart, 1994) 	various participating and decision-making roles in cyclical process of steps
<i>Popular Epidemiology</i>	Brown (1992)	<ul style="list-style-type: none"> - community concern starts project - power sharing - acknowledgment of local knowledge 	<ul style="list-style-type: none"> - data collection - pivotal in exchange of knowledge
<i>Team Ethnography</i>	Erickson & Stull (1998)	<ul style="list-style-type: none"> - superior insight of local research assistants - potential for improved social relationships in community 	data collection
<i>Joint Interviewing</i>	Booth & Booth (1994)	<ul style="list-style-type: none"> - richer data than from individual interviews - relationships between interviewees provide additional insight 	data collection
<i>Ethno-methodology</i>	Baker (2003)	understanding of a person's perception of social reality and sense of social order	participant's interaction during conversation
<i>Causal Web</i>	Ezzati et al. (2005)	<ul style="list-style-type: none"> - causes of environmental risks are multi-layered - distal, proximal and immediate causes of disease - includes socioeconomic and behavioural factors 	yet to be explored
Visual Methodologies	Harrison (2002)		
<i>Photo Elicitation</i>	Harper (2002)	prepared images encourage response, trigger memory, focus a conversation	response to images
<i>Photo-ethnography</i>	Harper (2002)	photos are researcher's field notes	may be focus of images
<i>Visual Epidemiology</i>	Cannuscio et al. (2004)		participants decide on images and take photos
<i>Reflective Photography</i>	Branch Douglas (1998)	participants take photos to describe experiences and life histories	
<i>Photobiography</i>	Liamputtong (2007)		
<i>Auto-photography</i>			
<i>Photovoice</i>	Wang and colleagues (1994-2002)	<ul style="list-style-type: none"> - needs assessment - community empowerment - change agent - 'let people speak' 	

provide an opportunity to interact with people so that information and knowledge are ‘co-created’. Dialogue is crucial, as Reason (1994, p. 328) states: ‘Academic knowledge of formally educated people works in dialectical tension with the popular knowledge of the people to produce a more profound understanding of the situation’. An issue of leadership occurs in that, usually, movements for social change are spearheaded by intellectuals. These are normally not of the oppressed group and may, though well-meaning, inadvertently dominate the represented group in various ways. On the other hand, as Reason pointed out, many such movements would not have occurred without a leader with the necessary background and skills (see Chapter 12). In addition, Khanlou and Peter (2005) discuss ethical issues arising in PAR which may make reviews through traditional ethical boards challenging.

Considering the ideology behind PAR, this approach has many characteristics that will be useful when focussing on local communities’ issues with tourism developments and their ramifications. Deliberations on how the approach can be utilised in the area must, however, also consider the political and social issues as empowerment of communities. Regardless of their degree or focus, such approaches may trigger negative reactions from outside powers. Another challenge will be the limited presence of a researcher on location. A community involved in PAR needs to be capable of continuing the process without a researcher to make the outcome sustainable. How this can be achieved in notoriously tension-plagued communities without long-term stability in leadership is not yet clear and requires exploration.

Popular Epidemiology

An extension of traditional (researcher-controlled) epidemiology, ‘popular epidemiology is the process by which lay persons gather scientific data and other information, and also direct and marshal the knowledge and resources of experts in order to understand the epidemiology of disease’ (Brown, 1992, p. 269). In addition, this approach involves social, political and judicial movements and perspectives, and its participatory character is reflected in a commitment to power sharing with the community. The discourse on lay knowledge earlier in this thesis (Chapter 7) is relevant here. San Sebastián and Hurtig

(2005) employed this method successfully in the Ecuadorian Amazon, documenting the severe environmental health risks due to oil drilling. Popular epidemiology always starts with community concerns. The Huayhuash region's environmental vulnerability to development would seem likely to benefit from this particular methodological perspective, enabling local residents and researchers to collaborate in epidemiological studies of environmental health issues identified as concerns.

Team Ethnography

Austin (2003) described the application of team ethnography to a large-scale study on the impacts of offshore oil and gas drilling in Louisiana. The collaborative research was conducted by a team comprising members from universities, the (federal) agency, and the community. However, the community was represented by a number of school teachers who collaborated in the data collection by interviewing households of their students. Austin utilised the 'Funds of Knowledge for Teaching' approach proposed by Gonzalez, Moll, Floyd-Tenery, Rivera, Rendon, Gonzalez and Amanti (1995) who had studied the accumulated knowledge bases in the households of Latino communities. Apart from achieving a research outcome, this method led to improved social relationships based on communication and mutual trust. To transfer this model to the current study location, such team ethnography could be conducted by a group of researchers representing a local or overseas university, a local or overseas tours company, and local teachers. In practice, tensions in the villages may prohibit the use of teachers the majority of whom are not residents, but this is no reason for not exploring if there are other avenues to utilise this approach. Erickson and Stull's (1998) comprehensive guidelines for this methodology and their many practical examples alert all to the pitfalls and provide advice on how to avoid them.

Joint Interviewing

Though in a different context, Booth and Booth (1994) judged joint interviewing positively when conducting research with vulnerable people (here parents with learning difficulties). Morris (2001) agreed but emphasised the need to consider carefully the

relationship between the two interview partners including their interaction during the conversation. According to Morris, the two interviewees need to be in a preexisting relationship which is also part of the study focus. Her research focused on cancer patients and their carers. That this method can also be useful in exploring tensions and disagreements was demonstrated by Song (1998) who studied competing siblings' perceptions regarding running a family business. Joint interviewing can provide even richer data than individual interviews because the interaction between the two participants may open up areas previously unknown to the researcher, or different layers of a particular theme. In the study situation, joint interviews with two family members (as happened by coincidence in one interview in Queropalca) who either agree or disagree on their views on healthy communities or on tourism issues, two local tourism employees or service providers, such as guides, or two representatives of the villages council, there are numerous opportunities to explore this approach. From a practical point, interviewing two people would certainly be more feasible than scheduling a focus group considering what little spare time is available to the local residents.

Ethnomethodology

Ethnomethodology is an approach that goes beyond using interviews as a source of information but as a way to understand participants' versions of social reality and sense of social order (Baker, 2003). To achieve this, the researchers rely on the conversational interaction during the interview. This method could be explored for its usefulness for more insight into the focus of this study. For example, villagers' interaction with the (outsider) interviewer may perhaps reflect how they interact with (outsider) developers and so illuminate locals' social reality and their perceived position in the overall social order.

Causal Web

The exploration of a multi-layered 'causal web' to expose environmental risks in developing countries has been suggested by Ezzati, Utzinger, Cairncross, Cohen and Singer (2005) to develop indicators for environmental health risk assessments. This web

includes the usually little considered socioeconomic and behavioural factors. It builds on the continuum of distal (e.g., socioeconomic factors), proximal (e.g., behavioural factors) and physiological and pathophysiological causes of disease (e.g., through contaminated water). Transferring this approach to the Huayhuash area would allow an in-depth assessment of, for example, soil and water pollution, one of the concerns locals cite in relation to tourism developments. If participatory research methods lead to the creation of such a web, the outcome would be of even greater value.

Visual Methodologies

In this study, an informal photo elicitation process was used (see Chapter 8) toward the end of the interviews to prompt possible additional conversation topics. Although still little used, formal visual methods as the sole means of collecting information, or as part of a range of data collection methods, have been described by an increasing number of scholars (see Banks, 2001; Rose, 2007). Pertinent to this study, Harrison (2002) provided an extensive review of the application of visual methods in the sociology of health and illness, whereas Burns and Lester (2005) did the same for current tourism research and proposed an increased use of visual methods to understand better the inherent meanings of that phenomenon.

Currently employed visual methods can be classified roughly into two distinct categories depending on who the photographer is, the researcher or the participants. The researcher-as-photographer uses photos to document, or as props to assist in a discourse with study participants. Photo elicitation using prepared images can be included in interviews (Harper, 2002) to encourage responses, focus a conversation, or trigger the memory in an attempt to yield richer data than may be possible through an interview alone. In photoethnography (Harper), the photos represent the researcher's field notes documenting the topic of interest. For example, Gianotti (2004) exposed and recorded the harsh working conditions, including child labour, in remote Peruvian high-altitude mines. He drew attention to a range of ethical issues arising from pictures in such settings. The validity of a depiction in which people wish to appear differently from how they are in real life (here, the reluctance to display one's poverty) raises important and

interesting methodological questions. Pink's (2007) book on visual ethnography provides detailed theoretical background, practical and technical guidelines and examples for the use of visual methods and analysis of imagery. However, it clearly focuses exclusively on the researcher-as-photographer. Cannuscio, Weiss, Fruchtman, Schroeder, Weiner and Ash (2009) recorded and examined physical and social environmental contexts for health in Philadelphia, calling their approach 'visual epidemiology'. The interesting and most useful feature of their design was that photos were taken not only by the researcher (outsiders) but residents (insiders) as well.

This example leads to the second category, the methods that let the participants use the camera. As before, because of the relative recency of these methods, there is no agreed-upon terminology, rather different scholars name their approach according to what best described their specific work. Branch Douglas (1998), for example, explored African American first-year students' perceptions of a predominantly white university by asking the students to take photos and keep a reflective journal. She called her methods 'reflective photography' which was supplemented by photo elicitation using the same photos in follow-up interviews. Hagedorn (1994) asked parents of chronically ill children to take photos which were also used to elicit lived experiences in conversations. Photobiography (Ziller, 1990, cited in Liangputtong, 2007) and autophotography (Thoutenhoofd, 1998, cited in Liangputtong, 2007) represent similar approaches to describing experiences and life histories.

The most well-known method, however, has been developed by Caroline Wang to assist people in the identification, representation and improvement of their communities. Previously called photo novella which, however, involves the story-telling based on a series of photographs, photovoice describes a process that lets people record visual images of issues as a participatory means of initiating change and community building. Voice here stands for voicing *our individual and collective experiences* (Wang & Burris, 1997). Rhodes, Hergenrather, Griffith, Yee, Zometa, Montaña and Vissman (2009) summarise the advantages as 'rather than the researcher defining the direction, photovoice allows rich detail to emerge through a process that ensured that the lived experiences of participants are identified, prioritised and interpreted through ongoing

critical dialogue' (p. 20). Applications and examples presented by Wang and colleagues relate to community empowerment through Chinese women's communication to government agencies of which areas need change (Wang & Burris, 1994) or to evaluate the usefulness of programs and policies (Wang, Ling, & Ling, 1996). Photovoice is useful for participatory needs assessments in public health promotion (Wang & Burris, 1997) and as a participatory health promoting strategy (Wang, Yi, Tao, & Carovano, 1998). Her most recent US applications focus on medical students' professional values and health policy issues (Wang, Anderson, & Stern, 2004) and on community building as part of a neighbourhood violence prevention program (Wang, Morrel-Samuels, Hutchison, Bell, & Pestronk, 2004). Rhodes et al. used photovoice to study sexual and alcohol risk behaviour of immigrant Latino men. The method allowed identification and exploration of their lived experiences and a better understanding of male Latino immigrants' perspectives on immigration, masculinity and risk. Photovoice empowered the participants by giving them control over the process of exploring their lives and sharing their insights. Photovoice also assisted Guatemalan women in their effort to rebuild rural impoverished communities after 36 years of war, brutality, violence and human rights violations, to facilitate change with the goal of poverty reduction and increasing quality of life (Lykes, 2006).

Purcell (2007) examined the potential contribution of photography to community development. He noted the advantages of photo elicitation as the ease with which useful images can be produced, of photo novellas as a tool for community empowerment, and of photovoice as letting the people 'speak'. However, the disadvantages in all approaches are the potential for outsider control. For example, in photo elicitation, the photos of the 'correct' subject or object are usually provided by the researcher. In photo novellas and in photovoice, outsiders set the topics and have predetermined agendas. He agrees to the usefulness of these methods, especially when a Freire's perspective to empowerment education is evident, but not if the control lies outside the community.

The use of photographic methods in Huayhuash should be explored favourably. People are used to photos, have their photos taken, and know that tourists come to the area with at least one camera per person. Some residents may even have a camera. Both ways of

documentation, i.e. from the villagers' and the researcher's point of view, would be useful not only to record concerns but to let local residents communicate their view of the problems with potential tourism impacts, and so add further weight to their concepts in need of consideration for inclusion in an assessment tool.

Summary

A research project should not finish when the last word is put on paper. Rather, researchers have the obligation to communicate project outcomes and show how the study can be used as a stepping stone for further research, replications, expansions or new directions. In applied research, there also has to be some indication of practical usefulness.

Several parts of this study are already published but more publications and communications of theoretical content and findings are planned. This chapter alluded to the proposed next steps in terms of tool design and development. Finally, after reflecting on the methods used in this study, an overview of a range of research pathways was given, all of which are either participatory in their core, or can be used in a participatory fashion. This is a crucial feature considering that the underlying tenor of this project is to ensure that power is given back to the people whose lives are affected by outsider interference. If methods look difficult or seem not applicable, it is useful to think outside the square, try harder and be creative - many methods can be tailored to fit a unique or unusual situation. The next and final chapter concludes this study.

CHAPTER 14 - CONCLUSIONS

This final chapter concludes a project that proposes a fresh approach to viewing tourism in terms of assessing its benefits for increasing the well-being of poor local residents in rural and remote destination in developing countries. The work presented here asserts that without a major shift towards assessing the implications of tourism from the perspective of the local people who have to live with the consequences, the current measurement of benefits of tourism developments is distorted in favour of the industry and the economic benefits to developers. In fact, while the industry's profit margins increase steadily, little genuine improvement is apparent for many of the communities that meet the tourists at the grass-roots level. Likewise, little change can be noticed in the inclusion in development proposals of local people's views, concerns and needs, with processes that remain tokenistic and with limited attempts to remedy this negligence. To confirm this point, the recently published book *Tourism and Development in the Developing World* (Telfer & Sharpley, 2008) provides a useful detailed description of tourism impacts in its chapter *Assessing Impacts of Tourism*, though the one long-term cost of uncontrolled tourism which is discussed - clearly an industry's perspective - is the reduction of attraction of destinations to tourists! The assessment of a range of impacts is mentioned, none includes locally-validated indicators. Only the usual non-committal phrase has been included: 'key to this process, of course, is the identification and selection of appropriate indicators, a task that ideally should be built into the process of local consultation and participation (p. 201)'. In order to explore the current situation as a basis for proposing necessary changes, it was important on the one hand to examine what the literature had to offer on a range of topics relevant to this project, from major core concepts to practical experiences in the field, and on the other hand and at least as crucial, to hear what local people at a potentially growing tourist destination had to say.

The critical analysis of a wide range of literature provided the comprehensive background necessary for understanding tourism in developing countries and its implications on local destination communities. Modern tourism in developing countries

cannot be understood without an appreciation of its historical evolution and its position and role within global strategies, such as community development (e.g., Scheyvens, 2002a) and poverty alleviation (e.g., Hall, 2007). Throughout the presented literature, there is sufficient evidence that the target populations whose benefit should be at the core of the 'development industry' are, in fact, often only side-lined spectators. Not only is there little genuine control, decision-making or participation on the part of the local people, they are often the ones who pay the price for development projects, including tourism. This price takes the shape of a range of impacts, some positive, and a great many negative which, subsequently, make their mark on people's health either indirectly or directly.

Furthermore, the link between tourism and poverty cannot be understood without a critical assessment of the phenomenon 'poverty'. Poverty elimination has become a world-wide industry, and tourism is heralded as one strategy to bring economic growth to the poor. Tourists want to visit developing countries, and the tourism industry wants to make a profit. Therefore, placing 'tourism in developing countries' under the official umbrella of poverty reduction, as the UNWTO (2006, 2008) has done, presents this business not only as legitimate but as morally right. For this reason, it was important to analyse the literature within the broad contexts of poverty elimination and community development with a particularly critical eye. In addition, a separate chapter of this thesis was devoted to an extensive treatment of the field of impact assessment. It concluded that, again, the involvement of local communities in assessment design and execution is severely limited or largely non-existent. Overall, the review highlighted the need for a critical 'cross-examination' of published work from the perspective of different academic fields, especially in relation to its applicability in practice to end the uncritical, albeit comfortable, acceptance of a much-iterated rhetoric and its subsequent preservation of the status quo. Only then will progress be possible.

In order to understand the views of affected people, fieldwork was conducted in two remote Peruvian mountain villages which had some tourism experience. Unstructured interviews and a rank-ordering method gave residents the opportunity to convey their views on the core prerequisites for community well-being and to prioritise those aspects.

This is crucial because impacts are of concern as they relate to concepts important to the 'impacted' target population, not just to concepts assumed by external assessors. This is an area where this project breaks new ground in that nowhere in the examined literature could an approach be unequivocally identified where indicators are based firmly on local perceptions. Therefore, these prerequisites or concepts will serve in future work as the main guide for the design of indicators to control tourism development's potential effect on local people's welfare. In addition, arising from this fieldwork was the description of and reflection on the methods used to ensure that local people's perspectives were afforded the appropriate value. This was necessary so that the current experience may inform other creative attempts to find the best possible approach to 'let people speak'. Subsequently, a variety of additional methodologies has been suggested for testing. The core proposition arising from this part of the project is that, given the chance, local people are very able to address their concerns with little need for outsiders to decide on what is best for a local community. As main players in the tourists' travel experience, local people must be included from the outset when tourism developments are planned in their area. Failing to do so only prolongs the current unacceptable situation of exploitation, exclusion and power imbalance that force local people to live with the consequences. While expert advice can be very valuable and useful, it should occupy second place after local concerns, especially when concepts may be understood in fundamentally different ways as, for example, the concept of health.

Tourism is here to stay. The question is, can it be made more benign to the often involuntary hosts in developing countries? This thesis presented a comprehensive picture of tourism as an industry but it has also alluded to the changing world views that are critical of profit at all cost. However, a change in rhetoric to appease those critics does not necessarily translate into genuine changes in the way these profits are made or shared. As Biedenham (2004, cited in Hall & Brown, 2008) warned 'there is, therefore, the danger that CSR becomes another (meaningless) fashionable cliché soon to be overtaken by global events, and a cynical means of conveying the impression that the corporate world willingly embraces ethical concerns and fully accepts its moral responsibilities' (p. 1028). The need to focus on shifting some benefits to local communities, including the crucial examination of power relations, has been discussed

in the literature at considerable length. This focus also includes appropriate further research. Hall and Brown (2008) pointed to the need for more research, particularly into ways to mitigate disadvantages caused by unequal power relations. Bury's (2001) framework of evaluating transnational corporations' impact on produced, human, natural and social capital in developing countries may also be useful here. An interdisciplinary approach was advocated by Liu (2003), and Robinson (1999) reminded of the need to refocus on local cultural values in order to alleviate current problems. The literature analysis also demonstrated that many scholarly ideas have been published as a 'once off', never to be followed up or tested in the field by either the author/s or others. Further research is needed based upon these initial papers. Research arising directly from this project should focus on replications of the fieldwork in other community tourism destinations: in Peru, in South America, and on other continents. This will allow for an overview of a variety of local perceptions of prerequisites for local well-being and establish individually tailored culturally appropriate ways to conduct this work in other settings to prepare a locality-specific TOHIAT elsewhere.

This thesis also demonstrated that impacts of development on health and well-being do not necessarily have to be direct and immediate, such as the transmission of diseases. The range of aspects determining a positive or negative effect on health is vast, and a broad categorisation into direct and indirect (economic, environmental, socio-cultural and political) proved useful. Health is a human right, yet this seems to be forgotten easily in the extensive discussions on development. Although health aspects have been included in the more recent discussions on global poverty alleviation including the MDGs (United Nations General Assembly, 2000), much more emphasis needs to be directed away from theoretical documents to practical real-life health situations as experienced by the people.

It is clear that problems on a global scale require global structural changes, but it is equally clear that this ideal is an unrealistic expectation. Mindful, small-scale, local activities may do little to solve global problems but can do a lot to assist local people in their quest for a better life. Developing a tool that allows them to make decisions about their own destiny may, in a small way, contribute to improving their lives. Such a

strategy would not qualify as one of those global campaigns announced with great fanfare, something that Cameron and Haanstra (2008) called ‘development made sexy’, that is development that celebrates the West as superior but proudly generous and charitable. The application of the proposed strategy would, however, promote a deeper understanding of ‘development’ and challenge structural issues that currently help sustain poverty and ill health despite the presence of the tourism industry.

This project does not end here. Rather, it represents a solid innovative starting point for the exploration of more pathways and different directions, theoretical and practical, in the search for an approach to tourism development in rural and remote destination areas in developing countries that centralises human development and well-being as a core responsibility. A useful OECD publication *Sustainable Development. Linking Economy, Society, Environment* (Strange & Bayley, 2008) asks: ‘what’s the real price and who pays?’ (p. 85). For those genuinely committed to care about the local people who play such a decisive role as hosts of tourism developments, enabling opportunities for local people to become equal partners in the industry and to take control of their overall well-being is vital.

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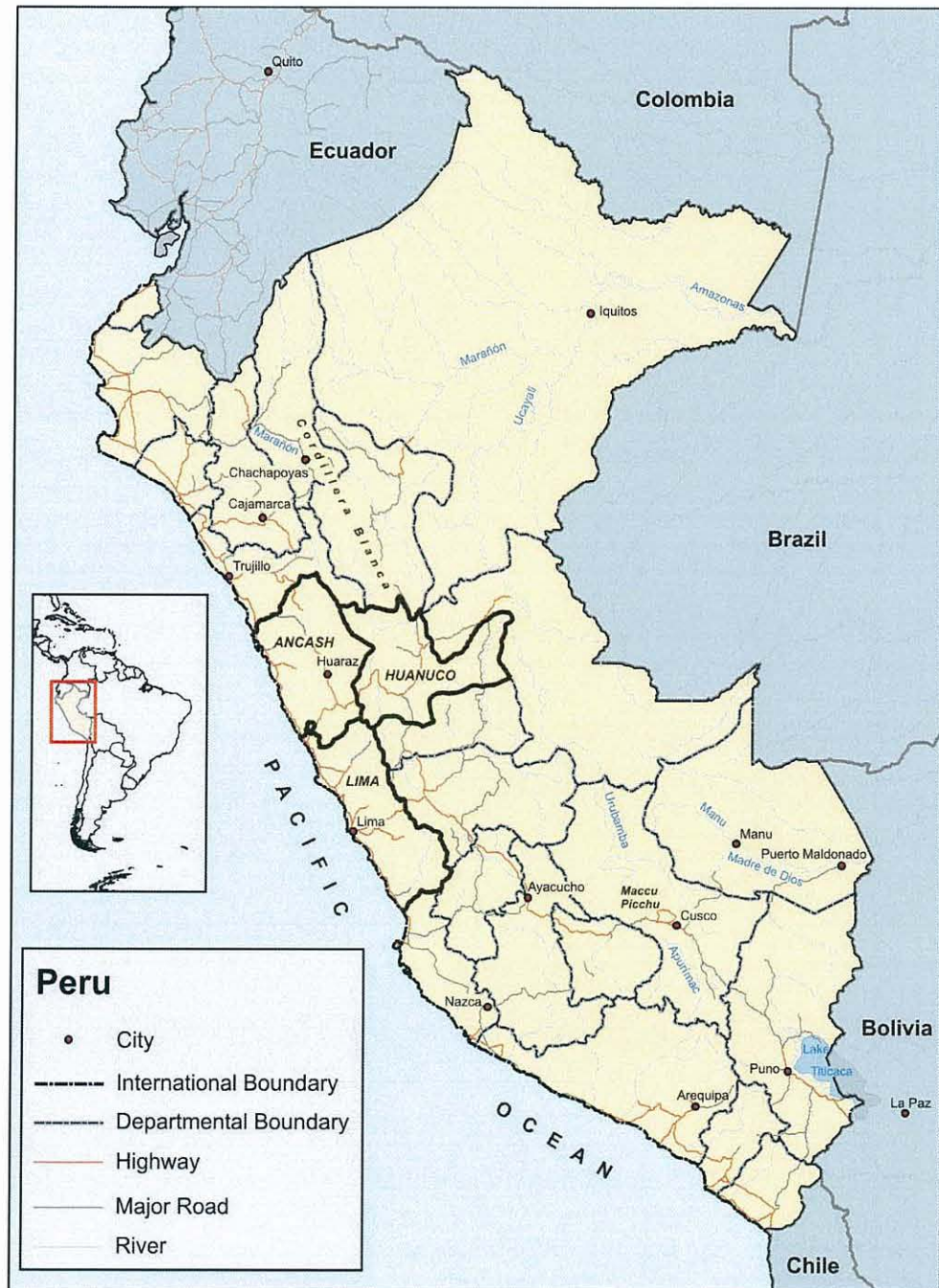
Every reasonable effort has been made to acknowledge the owners of copyright material. I would be pleased to hear from any copyright owner who has been omitted or incorrectly acknowledged.

Appendix A

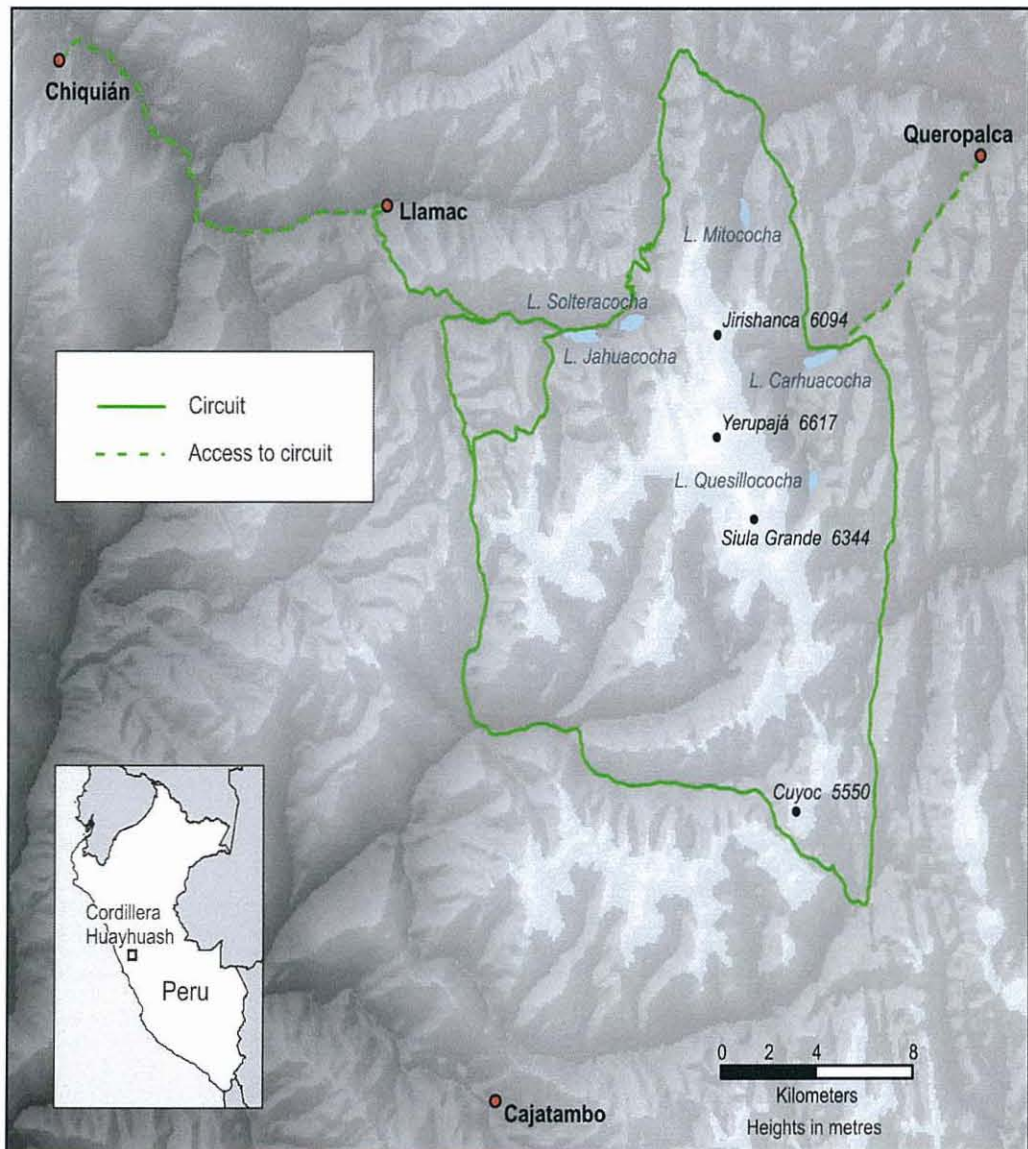
Study Location



A - 1 South America



A - 2 Peru



A - 3 Cordillera Huayhuash Circuit



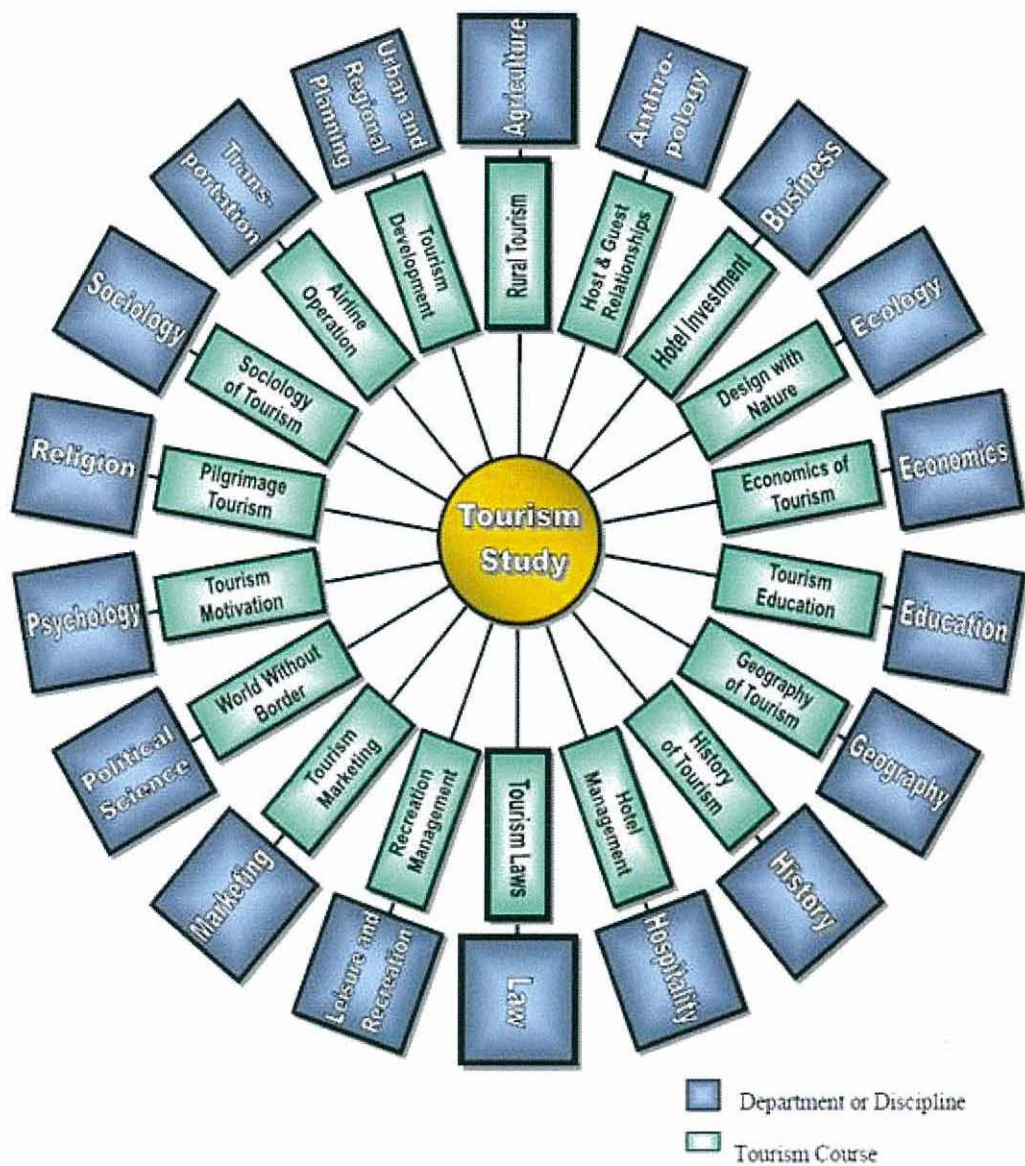
A - 4 Cordillera Huayhuash Circuit



A - 4 Cordillera Huayhuash Circuit

Appendix B

Multidisciplinary Tourism Foundation Wheel



A Multidisciplinary Tourism Foundation

Source: Jafari, J. (2001)

Appendix C

Ethical Considerations Documentation

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AUTORIZACIÓN

Estudio: Percepción colectiva de lo que representa una comunidad saludable

Investigador: Dra. Irmgard Bauer

He leído la hoja informativa y entiendo que el objetivo de este estudio es la comprensión de lo que la gente en el pueblo de Chama considera como signos de buena salud para su comunidad. Los resultados serán usados para desarrollar un método que evalúe los impactos sobre la salud en la comunidad debido a la modernidad.

Adicionalmente, un objetivo es el de indagar si la gente en esta localidad piensa que el turismo en la región ha cambiado la salud de la comunidad tanto para bien como para mal.

Entiendo que este estudio ha sido aprobado por el Comité de Ética de la Universidad de Curtin en Perth, Australia.

Entiendo que cualquier información es confidencial y ninguna persona ni tampoco la localidad será mencionada en algún reporte de investigación. La participación en este estudio es completamente voluntaria y los participantes pueden retirarse de la conversación en cualquier momento sin ninguna repercusión. No existe ningún tipo de riesgos en los participantes. No hay tampoco ningún beneficio inmediato tanto para los participantes como para la localidad.

Entiendo que toda la información será almacenada de acuerdo a las recomendaciones en uso en Australia acerca de protección de datos. Sólo el investigador y su supervisor, Dra. Katie Thomas de la Universidad Curtin de Tecnología, tendrán acceso a la información.

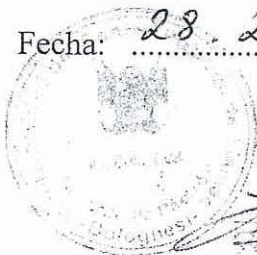
Entiendo que el investigador estará siempre disponible para atender preguntas relacionadas a este estudio, ya sea por personas individuales o por un comité de la comunidad, durante su estadía en nuestra comunidad. El mejor modo de contactarse con el investigador luego de la recolección de datos será decidida antes de su partida.

Doy mi consentimiento para que la Dra Irmgard Bauer pueda pedir la colaboración de los pobladores de Chama para el presente estudio.

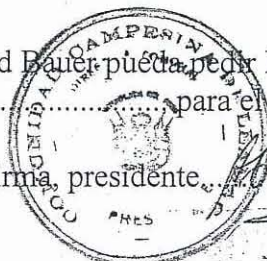
Fecha: 28.2.2006

Firma, presidente.....

Firma, investigador.....



ALCALDE



J. Bauer

AUTORIZACIÓN

Estudio: Percepción colectiva de lo que representa una comunidad saludable

Investigador: Dra. Irmgard Bauer

He leído la hoja informativa y entiendo que el objetivo de este estudio es la comprensión de lo que la gente en el pueblo de Queros palca considera como signos de buena salud para su comunidad. Los resultados serán usados para desarrollar un método que evalúe los impactos sobre la salud en la comunidad debido a la modernidad.

Adicionalmente, un objetivo es el de indagar si la gente en esta localidad piensa que el turismo en la región ha cambiado la salud de la comunidad tanto para bien como para mal.

Entiendo que este estudio ha sido aprobado por el Comité de Ética de la Universidad de Curtin en Perth, Australia.

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Doy mi consentimiento para que la Dra Irmgard Bauer pueda pedir la colaboración de los pobladores de Queros palca para el presente estudio.

Fecha: 5.4.2006

Firma, presidente

Firma, investigador



J. Bauer

Appendix D

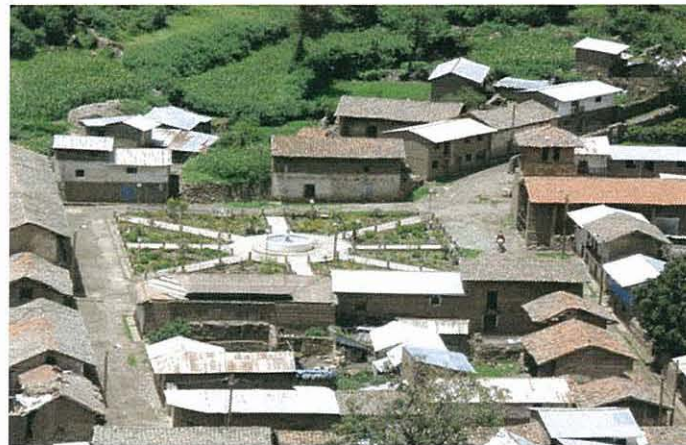
‘Remuneration’



High Altitude Flower Seeds

Appendix E

Communities



E-1 Llamac



E-2 Queropalca

Appendix F

Village Diary

FIELD DIARY

When conducting fieldwork in another cultural context, it is necessary to be prepared to modify a desk-designed study plan so that the local context provides the appropriate framework and backdrop for a project. Following on from the core notion of this study, the view that a community needs to be given the control over its affairs, it was clear from the outset that the local context would guide the planned data collection. The following diary is included in this thesis to provide readers with the opportunity to understand the setting in which the data collection took place.

The format of a daily diary with factual, methodological and reflective field notes was chosen to not only describe village reality and what is important to community members, but also to demonstrate the reasoning behind various methodological decisions made. It was important that the people were in control. I was mainly reacting, acting within the geographic, cultural and social framework they provided and the space and access they allowed me to have. While I was very active making contact, finding participants and conducting the conversations, all happened with their permission.

Llamac

- 27.2. I leave Huaráz at 5am for Llamac via Chiquián. I am carrying a message and a letter from T. to the president. I think this little official task gives me additional credibility. I am staying in the house of the mayor. This may influence something as well. It could be a good or a bad thing depending on people's relationship with him. He is also a primary school teacher, harpist, owner of a type writer, and he rents out rooms to tourists, workers, and government officials. While the village still has no electricity, I do have a window, an improvement to last year when I lacked window, water and toilet. To supplement their income, his wife offers breakfast, lunch and dinner, and the meals are taken in the family's dining area. I discuss the project with the mayor who introduces himself. He seems very serious, no smiles. (He was supposed to be informed of my arrival after the initial information at the *asamblea* in December - but he knew nothing about it). He wants to go with me to the president at 3pm to confirm everything but the president is not available today. I have been waiting all afternoon sitting on the bench in front of the mayor's house staring at the president's door. My vantage point is a very popular 'hang-out' from where four narrow lanes can be overlooked (and the dynamics of a small and remote community understood). I notice very little can happen in the village without it being noticed by everybody immediately ("oh, he is just coming home"). People know each others' animals, horses, donkeys, dogs.... But I can also hear whispered gossip of women about one woman who walks around elegantly but allegedly neglects her four children badly. The smallest one is in the street crying for a good hour because he has been left behind by his siblings who went off playing. He is dirty, badly clothed and wears inappropriate shoes, inadequate for the cold. He is pitied but not much else. When I suggest we take him in, there is no reaction as it had nothing to do with the other women. Generally, the people seem very friendly towards each other, everybody greets each other, people are joking, laughing....

Tomorrow is the last day of carnival. For this, the mayor wants to cut a tree from his field and take it to the plaza near the health post. This is a local tradition, but it takes a while for him to get all the people together whom he needs for help. Finally, the tree is dragged down from the field. In front of the mayor's house, there is a stop, and he brings some bottles (750ml) of beer and other drinks for the men. Then they finish the task and "plant" this tree in the square in front of the health centre (rather than the main square in front of the church!). A second tree is being erected by the youth of the village. Not sure why, if it is a prank, a competition, or simply because they want their own tree; it is not the done thing.

I have dinner with 2 workers in the mayor's house. I explain what I am doing here and a lively discussion starts until bedtime. This is only my first day, and I feel as if I have been here for a while. What helps is that usually I don't need time to settle in a new place, but also that the people don't treat me as a new arrival. Everyone, including me, gets on with his or her job.

- 28.2. Fat Tuesday - After a late breakfast, I show interest in his Andean harp, so the mayor plays it for me and sings, including his own compositions for my appraisal. I see this as quite an honour. Then we go to the president, I don't know how this was arranged. A third person appears, he turns out to be the finance person of the village administration. The three discuss my project and agree with signatures and official seals. I am officially given approval to interview (but people are so busy with today's celebrations, there is no way of starting today. Also, I want more people to see me before I talk to them.). After that I am taken by the president to the health centre (rather a health post) since he has some health troubles. A woman with a malnourished child is being attended to. He introduces me to the nurse. I am making an appointment for tomorrow to talk to her about health issues and perhaps changes due to tourism. I go back to the president's house where he shows me photos of Llamac. These photos were taken by a Peruvian person with a tourism degree but her agenda is unclear. She did this officially for the local university, however, rumour has it that she has links to a developer and collected these data for a development that may not be seen as appropriate by the village. She is remembered as trying to emphasise the wonderful tourism opportunities the area has [Later in my stay I notice some division in the village regarding this issue. If the rumours about the identity of the alleged developer are right, I am very concerned myself.] The president decides to accompany me to a lovely waterfall right above the village. He has no obligation to do this, but I assume that means he is happy for me to be here.

For lunch, the governor of Pacllón arrives (he has to walk back to his village for two hours via the shortcut as he has no car). We talk during the meal and he invites me to visit, should I have time.

Later, I am in the plaza with the mayor's wife and thread apples, soft drinks, balloons and kids' long-johns on a string, to be put on the tree by the mayor. The wives of the authorities get long sticks decorated with dahlias. Some of them don't want to participate and have to be ordered out of their houses. I don't understand at first but it turns out the tensions are also because there are several protestant sects in the village (in a traditionally Catholic country) which frown upon carnival

celebrations. The second mayor (Adventist) refuses altogether to participate in this age-old village custom. More discussions follow about the sects, and how customs get lost. People close to the mayor complain or call words of encouragement whereas the 'non-Catholics' are looked at with accusing stares.

The light rain forces authorities finally to start dancing around the decorated tree to recorded traditional Andean music and, in turn, everybody chops a little piece out of the trunk with a machete. People are encouraged to join but many are too lazy or are the Protestants who won't dance, so, another source of tensions. This goes on for a couple of hours, and people fill the time drinking beer, and children throw water and coloured talcum powder at each other. The mayor's little girl tries to protect me, but her talcum hands will stay forever on my Goretex-jacket. The tree-trunk is getting very thin, and now everyone waits to see when it might fall. The wife of the president finally fells the tree. This means, next year, her family has to prepare the tree and the presents in it (as it was the mayor's turn this year). The tree is then dragged back up-hill to the mayor's house where its arrival is celebrated with more beer. There is a Peruvian way of drinking beer together: take 1 glass, fill glass half way, drink most, pour rest out, pass on glass with bottle to the next; don't idle or the others get impatient. After a while we retire and continue celebrations inside the mayor's house with his wife, the president and his wife, and three or four more people. Eventually, the president's wife and I decide to call it a day, yet, she keeps having about 10 more 'last glasses'. Everybody is extremely happy. The mayor plays harp again, he, like all others, has been drinking since the afternoon. When he starts to speak English, I know it is time for me to go to bed.

- 1.3. Ash Wednesday - Yesterday was Fat Tuesday. Such special days require serious celebration with the liberal support of happiness-inducing substances, hence there will be no interview today either. There is very little movement in the village. At 5am, there was a loud banging at the door. The mayor comes home drunk - he was off with the president and another case of beer. He is not allowed to get into the bedroom and must sleep next to the kitchen. Later I see him and he looks bad, he feels 'a bit bad' and I tell him, this is called punishment. He finds that very funny. I have lunch with some workers. I meet the nurse in the health centre. She mentions as the biggest health problem the malnutrition, not so much of ignorance but of carelessness. And diarrhea (no hand washing - I think it has also to do with the freezing cold water). Later I climb up the *mirador* (look-out) on the other side of the river to enjoy the view of the village. An elderly peasant comes by and sits down for a chat. We talk about the changing times, and anything he finds important, such as the heavy workload, his fields, the clear air in this region. Rain in the afternoon. I am given another harp performance by the mayor. He is in bad shape today. Then I am introduced to a range of music DVDs and videos presenting Peruvian folklore music (but not the Andean music I like). Good, I am participating. Later I am invited to join the family in a special Ash Wednesday celebration in the old church at 7pm. It is pitch black and already 8pm, and I am given a traditional poncho against the cold. I am surprised that even church times really are only suggestions. Somehow, people turn up at some stage and leave at some stage, the core-time is covered. I think this is how it works. I don't like the lack of a proper start of things. I am usually spending hours waiting, not being able to start anything else. We walk through the village with torches, the church is dark with only a few candles burning.

The mayor plays the harp and two old ladies keep singing for two hours. About 30 villagers attend and approve of my presence, greeting me kindly, offering me places to sit. The youths use the darkness for less pious purposes. Before the second last song, all candles are extinguished, and then lit again for the last song. Then everyone goes home. Lent begins. I feel honoured to be invited to such a local event and I think it helped to introduce me as part of the village (even for only a short while).

- 2.3. I wanted to start the interviews today but, in the morning, two of the mayor's children (8 and 10) insist that we go on a two-hour walk on the other side of the river. They know an awful lot about local plants and herbs. Women in the street greet us, again, good for me. Thunderstorm/rain. The mayor's wife shows me some recipes and also cooks a guinea-pig stew. The mayor comes with a big key, he wants to show me the church in daylight, and he proudly displays a new carved church door which is to be installed later in the year.

Later we go to my landlady's mother, she and her husband have the communal oven where women come to bake their bread. She is also the lady who, in the 1970s, was the person looking after the few tourists coming to the area. She was quite famous and entered several guidebooks to the region. I am able to talk to her for a while but we will be doing a formal interview later. So, we sit in the muddy courtyard and she tells me the stories of individual climbers or trekkers and how they saved them in the night, hungry, dirty, ill, one with a miscarriage, unbelievable stories. A very lovely and humble old lady. To conclude my first visit, she gives me four eggs, three of them are green. She has the only hen that lays green eggs, and nobody knows why. On my way home I meet two more ladies who agree to be interviewed tomorrow.

In the evening (freezing cold as always) I have black tea (tea is normally a herbal infusion) with Pisco (alcohol) with the mayor and his wife, and we just sit down and have a nice chat, something they normally don't do. I don't think they ever have time for themselves. Later I am instructed to watch a movie-DVD (Desperado). The mayor's living room doubles as the local mini cinema. When he watches something, a few people may come and watch. However, the car-battery is flat after about 30 minutes, and we go to bed.

Considering all the chats and conversations I had so far, I am glad I come prepared with the ranking cards. While we both speak Spanish, I feel people seem unsure if I expect some grandiose statements from them, seem perhaps worried that they may not be 'smart' enough to talk to me. Even being asked a question and obviously expected an answer is a big deal for some. I am a bit anxious as to how much I actually get out of the interviews.

- 3.3. In the morning, I am visiting a traditional healer (*curandera*), sister of my landlady. She is working in her field and I have to wait for her to come back. She is involved with tourism through her hostel (four rooms), restaurant, shop and camping ground (fenced in, water and toilet). She works a lot to pay for her children's studies. She has a son who ran off with an 'old' (47-years) US female tourist who organized a visa for him. This causes much unhappiness in the family. People come to her when

they need health advice or are ill. She tells of problems with the health post nurse who is not nice to people, sends them to the doctor right away, only give pills, doesn't understand people. She says people don't like the nurse. She is not patient, screams at people, doesn't listen, and she is not from the village (the nurse is from about two hours drive away). She hopes tourists buy from her shop. Very hard working. I still can't do the sums. With so little income, I don't know what they live off. For example, teachers sometimes work for 6 months before they see their first salary.

The *curandera* attends to most deliveries and diagnoses with a guinea pig. Much of her work is gratis, her husband tells her to charge, I agree. She was promised small equipment and medicine from the District of Pacllón but nothing arrived. The Ministry of Health does not recognize traditional healers. She also treats tourists. She is happy to have a picture taken while she is doing the rank-ordering. She mentions that religion is seen as a major problem in this village.

Regarding tourism: She thinks people who don't work in the tourism business shouldn't be jealous because those who do, work really hard. Anyone can take up this opportunity. Her son studied tourism and is a guide on the circuit. However, outside the season there is little else to make money, apart from farming etc. She thinks healthy people living in a secure environment is the key to a healthy community. After our talk, she has to walk to Pocpa (one hour up-hill) to see a poor woman patient with stomach problems. Later I leave my card and flower seeds.

It is said that a priest is coming from another village for the service. As this might be a good opportunity to meet people, I go down to the church; another good opportunity to be seen (even if only by three old ladies, an elderly man and a handful of children). It turns out the very young priest has to return to his village with the same bus in which he came, that gives him about 1 hour in the village. People thought there was a big celebration today with procession and had prepared a lot of flower arrangements, but he tells them he has no time. So, people are furious. He checks if people paid attention to the sermon, and tells off late-comers. Then he announces that two seminarists are coming on Monday and they need to be housed and fed. A young guitar player who came with him, points out that they are not terrorists. I had forgotten all about that but now I am reminded that the times of the Maoist terror group *Sendero Luminoso* are not that far in the past, and the Cordillera Huayhuash was one of the strongholds. Then, young strangers came to the villages, supposedly as friends of the peasants, only to murder whole communities in the most cruel ways. - Before the priest leaves, a little child is being baptised (with holy water from a little medicine bottle), this ceremony takes about ½ minute. Then water brought by different people is 'inoculated' with holy water. After all that I have this overwhelming feeling that just now two completely different worlds had clashed, that of the church and that of the people. And the people are more annoyed than pious in the whole thing. They have to do what they just did, but all this is really messing up their day. And what for?

After lunch, the mayor requests that I design a second bathroom for him. Rain again in the afternoon. I visit the president in the hope to get his interview but he just comes back from the fields with his wife and both feel too tired. We just talk a bit

about how I like the village and enjoy my time here (which is absolutely true).

It is good to have time before starting more interviews, people get used to me more easily. Of course, with more effort on my side, I could get more people. I seem to get accustomed to this life (totally present-oriented, according to Kluckhohn & Strodtbeck, 1961). The other person I was hoping for is the owner of the shop/bus station. But she is closed. So, I go for a walk, looking for people. On the way, I help rounding up horses and donkeys which don't want to go home. In the evening it is back to church with the family, this time it is a Way of the Cross. As this is mainly conducted by children and youths, it is quite chaotic. A man with a long stick tries to keep some order. Very cold night.

- 4.3. First of all, I need to wash my clothes. Then I wanted to walk around the village to find people but the mayor's little daughter comes with me, so we just stroll around. Later I am looking for the shop-lady to fix an interview but she is not there. Then I interview a 23-year old farmer who is also an *arriero* (donkey-driver). It turns out, the glorious road built by the mines (for their access but sold as major developmental project/present for Llamac) is not that great for local economy - now tourist groups are passing Llamac and move on to the next village or go up to the first campsite right away. For him, work is the basis for a healthy community. Unfortunately, there is little support in terms of additional education, improvements. Payment of most agencies is very poor, they don't even pay the official rates. The tourists pay well but this is not passed on to the tourism workers.

The idea of a short English course comes up. I offer to have something every late afternoon, perhaps 1 hour, if they find a room and a blackboard type of thing. [Later it will turn out that all talk about it but NOBODY manages to arrange anything]. I thought it would have been a good opportunity to give something back to the community.

In the afternoon, we look at my Queensland picture book. The photos amaze all. Later I interview another lady, I stay well over an hour. After that, I am asked back to my landlady's kitchen and I learn to cook a dessert out of potatoes. The preparation takes until dusk. The mayor is very pleased that I learn to cook the local way. Very good. I had been given a sample of the same dessert yesterday by a lady whose husband instructed her to cook it for me to sample. After dinner, a child is sent to the president to fetch a tourist promotion DVD about the village. However, the president does not trust anyone with this disc, so he comes himself and we watch it together. After that, the Desperado-movie is screened again, but explaining that I am tired and I really only want to see the song Antonio Banderas sings, I go to bed. After the movie finishes, I am woken by the mayor's harp.

5.3. Sunday, Village *Asamblea*

One Sunday a month, each Peruvian village has this all-day assembly where every household must be represented, usually the male head, or his wife. After breakfast I wait for the ONPE (Organisation responsible for presidential elections) lady to pick me up to go to the assembly together but nothing happens. For a meeting so important, one would think that people know when it is supposed to start but

nobody shows any hurry. At 9am, starting with an attendance roll (approximately 50 villagers are here), the president asks me to address the people first. Well, this is my first public speech in Spanish. Would love to have a photo but I don't dare ask anybody. I explain the project, what I am doing here, what it is for and how it works. All seems to go well. After me, the lady from ONPE explains the electoral procedure, a topic much more complicated than mine. Then we both are excused. However, on leaving, a villager whom I know from last year, starts questioning me about somebody else's project. He is really angry. I am able to talk myself out of this situation and all seems to be ok, particularly since he is not well-liked in the village.

Later I speak to the lady of the bus company whom I met last year. We talk and she is happy for an interview next Tuesday, when the bus arrives. For her, the greatest importance is on health and nutrition. From her I hear that education is much worse here than on the coast, primarily because the teachers don't turn up on time, eg. on Tuesday instead of Monday, and they leave on Thursday instead of Friday. Therefore, she sends her 13-year old girl to Lima. Also, she says that many now pass Llamac because of the road. Therefore, there is less business. I wash my hair in the garden sink, and the water is very dirty. Something is wrong. After lunch, I meet an engineer from the mine and he takes me to the next village uphill (Pocpa) so that I can walk back. He is from Cuzco, and he talks a bit about the village and what the villagers want from the mining company. He thinks the people ask for too much, but I am not sure what. He thinks they are insatiable and only have demands.

In the afternoon, I have tea with the landlady (she has to run off to her shop several times). She shares stories about tourists (Israelis in particular), or how they help out stricken tourists without money, but often they don't send anything back. But this is the way in the mountains, she says. Afterwards we collect firewood, another opportunity to be seen.

The road between Chiquián and Llamac is blocked by landslides and the mayor was looking for 4 people to help him clear it (even in the *asamblea*). It took endlessly to find volunteers. I am surprised. After all, if the road is blocked it is to their disadvantage.

- 6.3. In the morning it is clear, we have no water. Nobody is at home, my breakfast is the last bit of bottled water and a cookie. A lady in the street tells me that a couple of people haven't paid the water for the month (about 60c), so everybody's supply has been turned off. Rumours are rife as to who has not paid. People are angry, then it is said that perhaps due to the heavy rain, dirt got into the pipes high above in the mountains. Some men are to be dispatched to fix it, should be solved by the end of the day (I never believe such timings!). That means most people are going to search for water and have no interest in interviews. I find a young donkey driver in the street and he is happy to be interviewed. He is very concerned about the environment and unacceptable business practices. The occurring disharmony is a major issue hindering well-being.

After lunch I am carrying, with the 10-year-old son of the mayor, a huge pot with maize-bread dough to the communal oven. This is the bakery where women come

with their ready made dough, form it here and then use the big oven to bake their bread. Afterwards, the women share a few of their breads around. Waiting for the bread to be baked does not take long but with many women waiting in line, this is a good opportunity to talk about the topic.

In the afternoon, I make tea and I am conducting just the ranking procedure with the mayor's wife, my landlady. As we talk each day about the topic, and she is tremendously busy, it seems inappropriate to pester her for too long.

For days I am trying to interview the president but he is never at home.

I manage to find one *arriero* from last year on his day in the village. He normally stays with his animals in the *puna* high up in the mountains. Somehow I think he wants to tell me health stuff, either to please me or because he thinks this is what I need to know. I am unable to get him onto a more conceptual level. However, it seems to work better with the ranking, as the concepts on the cards seem much more realistic, even though some are abstract such as '*mis raíces*'.

- 7.3. Still no water. I try to find one woman with whom I have an appointment, but she is not at home. So I look for somebody else (another sister of my landlady). She needs to have breakfast first, so I try to find an umbrella in the meantime, mine broke in the heavy rain, without success. I manage to interview three people before lunchtime. First a young woman, not sure if she is convinced about it all, but she is more certain when it comes to the ranking. Her husband surprises me actually with his well-balanced critical view on various issues. This was a very good conversation. Then an interview with the lady from the bus agency. Her main interests are now the 'future' and the 'environment'.

At home major drama, the mayor's three pet doves have disappeared, and he is crushed by grief. An added problem is that these doves were a present from his father, and he has no idea how to explain the loss to his father. So, we search everywhere to no avail. On the way to my interview with the old lady who has much experience with tourists I meet the president who shows me a huge condor slowly gliding up the valley to the next village Pocpa. He points out that the condor always visits Llamac first. For decades there have been major tensions between the two villages which included a death some years ago. When people from Pocpa visit, they don't stay long and don't talk much while in Llamac. I move on to my interview which is very interesting. I wish I could come back and only listen to her for hours. Would make a lovely story to write up. At home, another search party is started for the doves. Feathers have been found and rumour has it that somebody has stolen the doves. I am told that people are bad here and even if they knew who has the doves in their house, people would not tell. I am very surprised by that. In the evening I manage to get the president for an interview. It is hard going, only the ranking saves this conversation. At home, we want to watch the 8pm news (the battery is ready for business) but the 'bad people' from the TV-Station (this is the competition to the mayor's movie viewing) have overused their 6-8pm video-show time and I am shown a video with local dances instead.

- 8.3. The doves are back, incredible happiness everywhere. I am able to talk to a relative

of my landlady this morning, she has five children. Ranking works better than conceptual aspects but she is very careful with her ranking and changes cards around until she is happy.

I go back up the out-look and contemplate the village (and see 4 condors, a very good omen). A farmer, he says he is also a teacher in the local vocational school, shows me his reforestation areas. He wants to start a small farm with guinea-pigs and rabbits. He asks me if I have any project money that I could give him to start this business. When I explain that I haven't, his interest fades rapidly and he is on his way back to the village.

In the plaza, I interview one gentleman but can't get to the ranking as he eats in the public diner and is called for lunch. I hope to catch him tomorrow. At home, I am asked to wash and cut the hair of two of the children. After that we feed the pigs and go to the cemetery to collect fodder. That keeps me from searching for more participants but I feel exhausted by now, and then the rain prevents me from going out. A good excuse to reflect on village life and the study. Having the rank-order items ready works well. It seems people are happy to comment on something prepared on paper, and then deal with it considerably well. Abstract concepts seem to be hard to grasp, understandable when one's life is all about daily necessities. I am not sure if a longer stay in a community would make any difference.

The desk-designed format of this study (as anticipated) is not applicable to real-life Andean villages. Changes were: no tape-recording, most conversations were up to 1 hour plus long and included general topics, to build rapport. Only after these informal tasks was I able to put their views on a community's well-being in context. Before the interviews, I always find something to admire, in their home, their garden, their children, their knitting, their cooking, or things that concern them, the cold, the rain, a missing animal...

Key-informants were actually 'general population' with another task on the side.

Bad conscience about being lazy forces me to another round of the village, and one friendly lady who always greets me, invites me into her house. It turns out she is the mother of one girl who was on the bus with me from Chiquián. This girl studied Tourism in some institute in Huaráz. After talking for a while, her mum would like to be interviewed. Again, concepts are a bit difficult but ranking works quite well and corresponds with the content of the interview. After that, her husband returns from the fields. It turns out he is the person in the village assembly who wanted to talk to me anyway. We talk about lots, the topic, maize, agriculture, life issues and politics. Very interesting. He comments his rankings very well. Very nice meeting. Finally, I am invited to try their potatoes with cheese, delicious. The girl walks me home with a torch. I hadn't planned to stay out that long and did not bring my own.

- 9.3. This morning I sleep in. In the street is a homeless white guinea pig and it is collected. Not sure if we keep it or what is going to happen. In another plaza I meet a 20-year old woman. She is from another village and she suggests I should visit her village, too. She feels very lonely here as her husband works in the mine and people here are not nice to outsiders. Not much is happening today, so I take the bus to the

next village. But rain starts and I take the same bus back. I still have no umbrella. The mayor promises to get me one from Chiquián. I can arrange an interview for tomorrow morning. The rest of the day is spent writing, or just talking to passers-by. It seems that the content of interviews really does not change much anymore.

- 10.3. After breakfast I visit a lady who lives next to the bus station. Our interview takes place sitting on rocks in a field (also a football ground, also a camping ground for trekking companies) with dried cow dung all around which provides a good table for ranking cards. The lady says she has a disabled child of 12 and found much humiliation and no help within the village. This will have influenced her view that she finds unity, working together, helping each other, the most important things in a community, also the environment for future well-being. She has very little income and asks for my broken umbrella to make knitting needles out of the spikes. She is quite desperate about the child (currently with her husband in Lima). They have tried various doctors but they are expensive and offer no cure (not sure what she has, she seems to constantly dribble saliva, but goes to school after one compassionate teacher accepted her in his class - others, including my host (!!), refused). She has seen a psychologist twice because she finds all overbearing (no wonder!). It is nice to talk to somebody who has a bit of time. I think this was good for her, too.

I wanted to go with my landlady to a potato field but it is raining too much. Instead we are picking dirt out of wool so that she can start spinning. The mayor left a couple of days ago for Chiquián and he is supposed to be back today. But after dinner he is still not here, and the car he was supposed to be on arrives without him. We were supposed to go to church at night for another Way of the Cross and he was to play the harp. Without a harp, apparently, this is not possible, so we go to bed. Today I learned that villagers work 15 days 'in torno' for the mine (S/. 27/day!) as part of community work.

- 11.3. After breakfast I am starting my daily round to find people. I pass by a man whom I have seen many times. He has a 5-month old baby with him. It turns out the mother of the child (his sister) died 12 days after being well after a caesarean section. Now he cares for the child. The man was in the village *asamblea* but did not approach me despite being happy to talk. The man is a donkey driver and works with three agencies in Huaráz. His priority for community well-being is that everybody has work, this lowers envy and division. Ranking works wonderfully. He also tells me about the woefully low payment he receives from the agencies and has no idea about the fixed prices. He thinks the agencies keep about US\$2.00 per tourist for themselves (in reality it is more like up to US\$1000) and so he thinks this is a fair deal! Unbelievable.

Later I sit outside the village at the roadside with a charming 65+ year old lady. She is from Huánuco, widow and here on her own. This seems to make her an outsider, and she thinks some people here are bad to her because of that. Her little granddaughter is with her (on holidays?). We look at the Queensland book. A spider wanders by and both are keen to kill it as it is dangerous. All spiders are dangerous. I take the spider and put it in another spot and both can't believe I survived this encounter. They agree, people kill creatures just based on some suspicion, instead

of thinking properly. The bus passes by and the mayor is on it. I walk through the village and buy my bus ticket. After that, I walk on the other side of the river and meet a man who carries two eucalyptus trunks. We get talking for a while. In the afternoon, a table is put in the courtyard so that I can write in the sun. But soon it gets bitterly cold and I hide in my bed until dinnertime. Afterwards, a Mexican film is shown but the disc is broken, so we all can go to bed. Apparently, normally not so many movies are shown but the mayor wants to make my stay pleasant (and he didn't forget my umbrella, he brought two to choose from).

- 12.3. Today is Sunday. During breakfast (with clips of a Rambo film which is to be viewed tonight) the mayor advises me that, since I have a tourism background, he wants me to come to one of his properties right at the river and help him design a new camping ground. I have only 1 interview lined up for today, with the mayor. As we inspect his land, and he also has to work on a room, I suspect it will only happen late today. Interestingly, I now seem to see a connection between the football ground/public camping ground not having toilets and water, and his idea of a private camping ground with many facilities (some totally inappropriate). We visit the land on which all this is supposed to happen. At home I wait for him to put all these plans on paper but he starts to nail a timber-triplet ceiling to the roof of one of his new rooms which is to house a teacher arriving tomorrow. I write instead. After lunch we find that our two pigs are running around in the village. With a large pot of food we get them back to their field. I help with the ceiling, until it is too dark to see anything. I worry that this is the end of my interview. Also, today we drew the plans for his additional toilet/shower for male visitors to be built in his garden.

After that, to my surprise, a kerosine lamp is produced, and the interview takes place at night which I tape this time, he loves that. His emphasis is on economic well-being, and the tourism aspect is hard to shake off. Ranking goes well. After that, I am entertained with harp music and, during dinner, a videotape with Peruvian folk dances (Rambo is forgotten).

- 13.3. School starts again after spring holidays. Today is my last day in Llamac. I look forward to the amenities of a larger town but it is a bit sad to leave. The children say good-bye as they leave for school but they try to stay at home as long as possible. Then the mayor has to leave for school, he tells me he would be coming back from school to say good-bye. I have a lovely quiet breakfast with his wife. After coming back from a telephone call, the mayor has already been drawing up a map for a two-day trip suggestion for when I am in the city. As a good-bye I get a big hug - quite a surprise for a man who didn't even smile the first week. I am told I am a very good friend and now part of the family. His wife gives me more dessert from yesterday, and then the mayor comes back from the school a third time, to say good-bye. I have to go and say good-bye to some other people. They say they are now used to me, and when I would be coming back. I really feel bad because it is difficult to explain that we depend on time, money, work, and other things we need to do, whereas the villagers really only have their own place and time and it is hard from them to understand why I wouldn't be back in a couple of weeks' time.

The bus is passing the school and the mayor is outside, waving good-bye.

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Between leaving Llamac and arriving in Queropalca, I travelled to the University of Havana/Cuba for a course in travel medicine which also included a lecture I gave on tourism's health impacts.

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Queropalca

- 5.4. After a night trip from Lima with the rough company "Cavassa", I arrive in La Union and get the twice-weekly car at 5am to Queropalca. We drive around for two hours to collect more passengers but are then on our way to my new village of Queropalca which lies at the northern edge of the Cordillera Huayhuash and belongs to the Departamento Huánuco. The other passengers (all men) are frozen stiff and wrapped in blankets up to their noses. Yet, they are funny and we joke a lot. Good thing, as I can introduce myself and my project already while getting there. After four hours we reach the village. It lies in a big valley, somehow, things look bigger and neater here than in the Departamento Ancash. I am taken to the municipality's "hotel" as decided by the passengers in the car, where I am given one of the seven rooms with private bathroom. This is the municipality's attempt in ecotourism and they wanted accommodation for the incoming flood (?) of tourists they are expecting. It is not cleaned, has no electricity (nor has the village) and lies on the fringe of the village (though on the 'main road', the more frequented one of two roads, with a traffic of 1 - 2 cars per day). It is freezing cold, raining an awful lot, only cold water available for washing, bathing etc. Horrible, no wonder their bones hurt. It is all a bit different from Llamac but the people seem very nice to me. I arrange "pensión" with a shop/restaurant, where I will be given three meals per day. As my bag was ripped when unloading, I am searching for the two shoemakers in the village to get it repaired. The president should have heard about me some time ago but nothing seems certain. I am supposed to meet him at 1pm. At 3:30pm the meeting takes place with a young president in cowboy hat, and various other authorities. I explain the project and, in the end, the authorizations are signed. I can start asking people. Only later did I realize that the mayor was not included. And much later again, I understand that he only comes every second week to Queropalca because he lives in Huánuco with his family. I have to buy candles and, as the children constantly climb up my window to have a peek, I cover the window with my pareo. People find the children's behaviour appalling but nobody does anything. Early evening, one of the shoemakers is at home. He says he has no sewing machine, yet, after a while he pulls a Singer from behind a curtain, but declares that he can't fix the bag. So, we both fix it together, well, actually it is me, and a crowd has assembled to watch. I don't have to pay and he agrees to an interview tomorrow (one way of recruiting participants!).
- 6.4. In the morning I speak to two sisters who agreed to be interviewed when I met them yesterday. I can't separate them, so I go ahead. It does work out, although the first one seems to have difficulties understanding what it is all about and she tries to consult the other. I can control it after all. The second person grasps the idea and is also very thorough with the ranking. I take photos of them. They seem very proud of their contribution to science.

I am taking a new approach, I am not talking about tourism at all but only community health. This seems to cut out a distraction that, at times, was not too helpful.

My small reading glasses are a hit in the village - when I don't use them, people ask to see them. [Much later into my stay, they are 'lost' and, while the whole village searches for them, they never ever re-appear].

I meet the mayor in the municipality. He seems very young but is very interested in the topic. He is also the driving force behind the implementation of various projects to improve village and neighbourhood. Tomorrow he will be showing me some of that. This seems to be a program from Huánuco but other departments have something similar. But I had never seen it or heard about it or seen it implemented. He also started a project involving the concept of micro-climate where they will be growing vegetables for the village. Some is already growing. Another one is "healthy school/healthy village", and also to fix the problem of water rushing from the mountain destroying roads and houses in the village. This guy still seems to have the enthusiasm. Good on him. (Later during my stay I learn that he is also a nurse, has worked in the village as a nurse and it is for him that the health centre is marvellously appointed. The people liked what he did and elected him as mayor even though he is not from here!).

After lunch I turn up at my third interview as arranged yesterday, and but the lady is now baking bread with her husband. I should come tomorrow. But another lady is happy to talk. We decide to talk in the house of the shop as it has a big table, but today's interview #1 comes and wants to listen (she is one of the sisters, the 'pushy' one). So we move to the house of the lady which is right at the plaza. All goes well but then some other woman comes in, and I forget to give the participant the seeds or something for the children.

Going back to the shop, the bread making woman is still busy (by now it rains terribly and it is freezing cold). Some men ask if I only talk to women. I say "no, but it seems men here are shy" - so I get one for tomorrow, we will see. Later I go to the shoemaker who agreed to an interview, but he is busy putting groceries on a shelf of his shop (which I think is not that urgent because he has hours to do that and it is unlikely that he will have any customers anyway). He also wonders now if the questions are highly personal because I said it is a one-to-one interview and confidential. I explain, and we try to do it tomorrow.

I think taping conversations here is even more inappropriate than in Llamac. People seem quite uncertain and suspicious at times and I manage to get them talking. But recording conversations would give it all a different spin and I think I would get much less information. However, it is good that I can say I have the authorization of the president and the mayor.

At the dinner table (with a varying group of people who don't or can't eat at home) I am asked what type of project I bring to Queropalca. I have to clarify quickly that I am not bringing anything, that the people are helping ME by talking to me. Is also accepted. It seems people are really busy with their daily lives and meeting

obligations. From my accommodation, and in the clear night, I can see Yerupajá, the second highest mountain of Peru (6617m) right around the corner. The snow-capped summit looks eery in the bright moonlight.

- 7.4. After breakfast, I have to meet the mayor who wants to show me some of the projects. I am seated in the council's meeting room (the sound of a typewriter reminds me of the olden days) where I can do my writing. He comes but has a 'case' to attend to, and I have two hours to spare. I just chat to people in front of the telephone place. The two interviews for 2pm again do not materialize, I should come later (again). Instead, I talk to a lady who is surprisingly aware of environmental issues and things the village needs to be healthy (#1: latrines). She points out that many here don't understand the issues or don't care. Same problem with rubbish. Also, a problem is that the pigs run free. There is a lot of cysticercosis around. She sometimes collaborates with the mayor ("sometimes he listens to me"). This certainly would be somebody to work with. Her husband joins and gets his interview. He is similarly enthusiastic and has view against a possible mine here. Generally, people here seem very proud of their environment, mountains, clean air, clean water, the quiet. But I am not sure if they have a rationale for this, eg. what is the benefit in having all this.

Later I have to talk to the shoemaker, finally, he has time but is still a bit apprehensive. He does not really know what it is all about but the ranking, again, helps a lot. His main concern is the vandalism in the village by a few juveniles. Later I am asked for a family photo. And after that I turn up at the church. Preparations are on for the Good Friday celebrations. Contrary to my expectations, the atmosphere is like that of a party, the children are completely out of control, screaming, joking, drumming their instruments. The nun who is in charge of the event has no chance. To lighten things up, an elderly drunkard comes in and wants to participate. And that he does. It is time for me to leave.

- 8.4. Saturday. Nothing is planned so far but since men are sitting around in the plaza I start chatting, and arrange for two interviews. One of them is one who constantly postponed but he was quite good to talk to. He sees interrelationships as very important, within the village but also to the outside. His ranking is very solid with comments. I think he was in the car when I came. The second person is a local journalist who, for his views on conservation etc. is called '*loco*' (crazy). Good talking to him. Afterwards we talk a lot about the Peruvian political situation. Very depressing. The car is coming and I ask the driver to make a phone call for me from La Unión to Huaráz and get me the response next time he comes back, since the local phone does not work at all. How crucial a phone line is to be connected to the world. The local phone-'shop' also has a computer and advertises the use of the internet. Unfortunately, the computer is ancient, and the car battery barely allows the computer to show a dim screen. As to be expected, nobody has ever managed to get beyond this stage of cyberspace-communication. However, people enjoy the starting up of the machine.

In the afternoon I speak to a lady who first thinks I am going to take her blood pressure and pulse. We get talking about her family first and finally get to the topic. Then, a neighbour comes to chat and to get herbs for *Pachamanca* (a big traditional

feast). So, I sit and wait until this lady is gone. Finally, we get talking again. Her main issues are environment, health and security. The ranking goes well apart from a small child screaming constantly and a few other disruptions. This is when I first realize that my reading glasses are missing. I go to about everybody to check, I think even the animals know what I am looking for. Yet - nothing. At night this is the first time without being freezing cold, and I sleep well, until by midnight there is a loud commotion in front of my door and banging against it. People are looking for the council warden who lives in the same building, and assume he might be in my room [????]. I explode and they disappear.

So far, I learned that researchers should refrain from trying to interpret meaning into people's conversations that are not there or whose culture they are not completely and entirely familiar with, eg. through living in the culture for years. This is why I now rather collect general ideas instead of trying to interpret each word in some grand fashion - Hence, not taping the conversations does not mean a loss at all. On top of that, people are very pragmatic here, and in the end, tourism's impacts on them are perceived in a pragmatic way, much more straightforward and clear cut than we (academics) might expect.

- 9.4. Sunday. Today are the presidential elections and the sale of alcohol has been prohibited from yesterday. Does that matter in a village far away from everywhere? NO!

Elections are mandatory and many people who are registered here are returning to their village to vote. There are people who have been on their horses for hours to come here to vote in the school opposite my 'hotel'. Others have been arriving for days from far away (some were in my car when I came). There is no point interviewing anybody today. Alcohol flows freely. With so many people about, I write an announcement with a reward to anybody who can find my glasses. I go for a longer walk up to the mountains. On the way back I pass the house of a very poor weaver's family. They invite me to potatoes and I leave a few things for them. He tells me that he offers beds for free to tourists (this is the type of offer Israeli tourists are known for). I tell him he must charge or people will exploit his good nature. He promises to do that. It starts raining and is very cold again. Children keep climbing up the window and now even higher to peek over my pareo. I am getting very annoyed with them but they find that funny. Later in the afternoon, the sun comes out and I walk in another direction to the thermal baths. A farmer's family lives there and I am invited to a mug of freshly milked milk. Delicious. (1 minute out of the cow and already cold in this climate). And I can talk to the daughter of the family who is currently studying agriculture in Huánuco. A very well read person, critical and with good ideas about environmental issues. I leave a few things and the Queensland-book is in action again. On my way back I see many people with their transistor radios following the results of the elections. Late at night, the army comes to pick up the ballot boxes and take them to town for recording. Most people who came on horseback have left today.

- 10.4. The lady from the restaurant has a room to rent which is warmer than mine. I have a look and decide to rather keep freezing. A lot of drunken people are around today, rolling around in the street, vomiting in the plaza.

I have one interview with an old very elegant gentleman. His main concern is the environment, the ranking assists tremendously. We look at Peru magazines and the Queensland book. Another interview with a younger lady (cleanliness is her main issue) again, the ranking clarifies well, and she also is in command.

Later in the plaza, a group of three US tourists turns up with their guide. They are all in a very bad shape with altitude sickness, fever and diarrhoea. They had planned to do the two-week circuit but only made it to day three and are now on their way back to Huaráz. Of course, nobody knows about that change of plans, and there is no transport. I look after them and tell them what to do when they get to Huaráz. Another group that thought Huayhuash is just another nice mountain area, and from what they tell me, they thought they were smart enough not to listen to advice.

I am invited by a family to try the sweet dish that is served in the Easter week (cheese with honey). I have to prepare more little envelopes for my seeds as they are very popular. Later I interview a shopkeeper/teacher. She explains to me that people are total individualists, looking only after themselves, not the community as a whole. This is a surprise to me but now explains a number of things, eg. why it is so difficult to get projects started involving the community, and why people rather wait for somebody from outside to 'bring' the goodies. One reason may be that this is not an original indigenous community but rather a bunch of descendants of workers in the Spanish gold mine (they came from Argentina, Spain, Portugal, Italy...) but, actually, I have seen this in other places, too.

Despite having promised the people, it turns out that the car owner does not come every day during Easter week, so I have to make the decision to return to Huaráz on Saturday already. However, I don't think a day more would yield more information.

- 11.4. After breakfast (we eat cold dinner from yesterday), I go to the municipality, but the mayor is not there. Later I try again, and we visit the school (primary and secondary) together. I have a 'hand washing-class' with the youngest, and I can distribute some little soaps which I always have with me for such purposes. They mayor shows me the healthy schools-project with flowers planted and a toilet built and a little dining area (?). Later the mayor shows me some of his projects and, also, we discuss a few options for solutions to some problems, eg. rubbish, toilets, cold water etc.

Later I interview a licenced tour-guide. His views on tourism rubbish are profound and also his ideas for solutions. I urge him to discuss this at the next village *asamblea* (17.4.) so that the holes can be dug near the two campsites Carhuacocha and Mitacocha before the tourists arrive next month. I also give some tourism advice. And I am invited to stay for lunch. I spend the afternoon in the sun in the plaza. Beautiful. Another shopkeeper/teacher who wanted to be interviewed decides that he doesn't want today after all, for no reason. Perhaps tomorrow. At dinner, a lot of young people are around and we stay for ages joking and making fun of everything.

I heard that people know of a village somewhere across the mountain where lead has been found in people's blood and blame the mine there. Very concerned!

- 12.4. I am walking to Machaycancha, a very small idyllic village 1 ½ hours uphill, as some men yesterday suggested I should visit them. On the way, I am asked by a family to visit their home and take a family photo. In M. I was hoping for about 3 interviews. But when I arrive, all are out working in their fields. Still a nice tour, and I can talk to a few women also about their personal health problems. I visit the tiny school and do my hand washing thing with soap distribution, as well as a donation of postcards with crocodiles, koalas... On my way back to Queropalca, a horseman joins me for a little while.

In the afternoon I interview the teacher/shopkeeper who changed his interview availability several times but now it worked. His main issue for well-being was that people are organized and work together. The ranking goes well. Two days without rain!!! Still cold though.

- 13.4. The sun is shining and I decide to trek up to the Laguna Carhuacocha. But the mayor decides to organize a horse for me for tomorrow to see the tourism-campsite-rubbish/toilet-issue for myself. Perhaps there are people who are interested in talking. Then I have an interview with the mayor. It is raining again and I just about manage to walk to a little village across the river, but there is some celebration and the people, albeit friendly, are too busy to care about a gringa. In the evening, my horse 'Soltero' gets new shoes.

- 14.4. Good Friday. After the breakfast I buy supplies for lunch and then, two horses are ready. This is even better, so we can ride up the trek much faster. It takes a few hours and I am glad I didn't attempt this yesterday on foot. We need to cross a fast flowing river twice and finally pass a number of dwellings but people are busy working. Above 4000m there are only potatoes and some grain for animals. And finally I am standing in front of one of the most amazing views in the Andes (used in the one famous postcard) with all the 6000ers right in front of my nose. No interviews but we check for good places to dig the toilet and rubbish holes. Problem, there is a deep and fast running river flowing between the two campsites. We check out the place and then start our ride back. I pay the guide about twice of what he asked for, this is the actual official price and a bit more. He almost bursts into tears.

For dinner, I have trouts from the laguna and Toku, a dessert that is made of rotten potatoes that have been in the ground for 6-12 months and have been watered all the time. The dish stinks unbelievably but tastes quite nice.

At night is the Good Friday celebration in the church. Again more like a fiesta, and some very strange things are done. I have never seen such rituals. We are already two hours over time when a very old lady gets up and screams at the priest to get on with it. Dogs are playing, people are laughing when the huge wooden statue of Christ is taken off the cross and the limbs dangle about. So it is taken apart and the pieces are carried through the church. To be fair, it does look funny. Again, there is not terribly much veneration going on but then, on the other side, some rituals are taken so seriously, people's relation to religion is hard to understand. Then starts the procession which slowly makes its way through all corners of the village and will end at about 6am. I am too tired to stay longer than midnight.

- 15.4. Yesterday's guide is running around preparing horses as a bus with about 15 Peruvian tourists from Lima has arrived unannounced. In a frenzy, people are asked to rent out their horses. I am furious at the price they are paying for guide and animals, far below the official minimum rate. And I am angry with the guide but he said that's all they were prepared to pay. Soltero is carrying a massive man, far too big for him. Who is compensating the owner if something happens to his horse?

Leaving the village is sad. One guy is incredibly drunk and cries, and plays a song for me on his guitar - he decided he had fallen in love with me and doesn't want me to leave. The rest of the village is highly amused. From the car I can see the tourists riding the horses uphill to the laguna...

* * * * *

After the data collections I travelled the entire two-week Cordillera Huayhuash circuit with a guide, an arriero, one horse and two donkeys, and I was able to appreciate not only the breathtaking natural environment but also its tourism potential - and its tremendous vulnerability to any development.

Appendix G

Photo Elicitation

Images Utilised in the Process of Photo Elicitation - I

The first five images are examples of pollution through human waste and toilet paper, a well-known occurrence on trekking routes without sanitary facilities, such as the Huayhuash circuit.

The last three images highlight the pollution problems due to unregulated waste disposal in natural environments, an issue also evident in trekking areas.



Images Utilised in the Process of Photo Elicitation - II

The two photos at the top represent one potential economic impact of tourism, the rising prices for food and other daily necessities. The photo on the left is clearly recognisable as an Andean market and, therefore, of particular interest to the study participants.

The two photos in the middle serve as an example of a mass influx of people in a relatively restricted space, illustrating a potentially unwelcome side-effect of the local residents' involvement with tourism.

The photo on the bottom, depicting a large hotel construction in a pristine mountain environment, corresponds to the current threat of lodge developments in the Cordillera Huayhuash but also in neighbouring cordilleras.



Appendix H

Rank Ordering Method and Results



H - 1 Ranking Cards



H - 1 Ranking in Llamac



H - 1 Ranking in Queropalca

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20
1	<i>B</i>	<i>B</i>	<i>D</i>	<i>B</i>	<i>C</i>	<i>E</i>	<i>A</i>	<i>J</i>	<i>B</i>	<i>A</i>	<i>B</i>	<i>B</i>	<i>C</i>	<i>D</i>	<i>C</i>	<i>H</i>	<i>D</i>	<i>J</i>		
2	<i>D</i>	<i>G</i>	<i>C</i>	<i>A</i>	<i>G</i>	<i>B</i>	<i>B</i>	<i>A</i>	<i>A</i>	<i>B</i>	<i>H</i>	<i>A</i>	<i>D</i>	<i>E</i>	<i>D</i>	<i>D</i>	<i>H</i>	<i>H</i>		
3	<i>A</i>	<i>A</i>	<i>A</i>	<i>D</i>	<i>E</i>	<i>C</i>	<i>G</i>	<i>B</i>	<i>D</i>	<i>D</i>	<i>D</i>	<i>H</i>	<i>A</i>	<i>A</i>	<i>A</i>	<i>C</i>	<i>I</i>	<i>I</i>		
4	<i>H</i>	<i>D</i>	<i>G</i>	<i>C</i>	<i>D</i>	<i>A</i>	<i>C</i>	<i>D</i>	<i>E</i>	<i>C</i>	<i>A</i>	<i>C</i>	<i>B</i>	<i>B</i>	<i>B</i>	<i>B</i>	<i>C</i>	<i>C</i>		
5	<i>G</i>	<i>E</i>	<i>B</i>	<i>H</i>	<i>A</i>	<i>J</i>	<i>D</i>	<i>E</i>	<i>G</i>	<i>G</i>	<i>C</i>	<i>D</i>	<i>E</i>	<i>I</i>	<i>G</i>	<i>A</i>	<i>B</i>	<i>B</i>		
6	<i>C</i>	<i>C</i>	<i>E</i>	<i>F</i>	<i>B</i>	<i>D</i>	<i>I</i>	<i>I</i>	<i>H</i>	<i>E</i>	<i>I</i>	<i>F</i>	<i>H</i>	<i>C</i>	<i>E</i>	<i>E</i>	<i>A</i>	<i>A</i>		
7	<i>E</i>	<i>H</i>	<i>I</i>	<i>G</i>	<i>I</i>	<i>G</i>	<i>J</i>	<i>G</i>	<i>C</i>	<i>H</i>	<i>G</i>	<i>G</i>	<i>I</i>	<i>G</i>	<i>I</i>	<i>G</i>	<i>E</i>	<i>D</i>		
8	<i>I</i>	<i>F</i>	<i>H</i>	<i>J</i>	<i>H</i>	<i>H</i>	<i>E</i>	<i>H</i>	<i>F</i>	<i>I</i>	<i>E</i>	<i>E</i>	<i>G</i>	<i>H</i>	<i>H</i>	<i>J</i>	<i>G</i>	<i>G</i>		
9	<i>F</i>	<i>I</i>	<i>J</i>	<i>I</i>	<i>J</i>	<i>I</i>	<i>H</i>	<i>F</i>	<i>J</i>	<i>J</i>	<i>J</i>	<i>J</i>	<i>J</i>	<i>J</i>	<i>J</i>	<i>I</i>	<i>J</i>	<i>E</i>		
10	<i>J</i>	<i>J</i>	<i>F</i>	<i>E</i>	<i>F</i>	<i>F</i>	<i>F</i>	<i>C</i>	<i>I</i>	<i>F</i>	<i>F</i>	<i>I</i>	<i>F</i>	<i>F</i>	<i>F</i>	<i>F</i>	<i>F</i>	<i>F</i>		

H - 2 [1] Data Sheet - Llamac

Ranking pattern of 18 participants											
Items	Ranks										
	1	2	3	4	5	6	7	8	9	10	
A	2	4	6	2	2	2	0	0	0	0	18
B	6	3	1	4	2	1	0	0	0	0	18
C	3	1	2	6	1	3	1	0	0	1	18
D	3	4	4	3	2	1	1	0	0	0	18
E	1	1	1	1	3	4	2	3	1	1	18
F	0	0	0	0	0	0	0	2	2	12	18
G	0	2	1	1	4	0	7	3	0	0	18
H	1	3	1	1	1	2	2	6	1	0	18
I	0	0	2	0	1	3	4	2	4	2	18
J	2	0	0	0	1	0	1	2	10	2	18
	18	18	18	18	18	18	18	18	18	18	

H-2 [2] Ranking Pattern - Llamac

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20
1	<i>A</i>	<i>B</i>	<i>B</i>	<i>C</i>	<i>B</i>	<i>D</i>	<i>J</i>	<i>A</i>	<i>B</i>	<i>D</i>	<i>J</i>	<i>C</i>	<i>J</i>	<i>C</i>	<i>I</i>	<i>B</i>	<i>B</i>			
2	<i>G</i>	<i>A</i>	<i>D</i>	<i>A</i>	<i>E</i>	<i>A</i>	<i>C</i>	<i>D</i>	<i>D</i>	<i>C</i>	<i>C</i>	<i>B</i>	<i>C</i>	<i>A</i>	<i>B</i>	<i>G</i>	<i>E</i>			
3	<i>F</i>	<i>G</i>	<i>E</i>	<i>J</i>	<i>A</i>	<i>G</i>	<i>I</i>	<i>B</i>	<i>G</i>	<i>A</i>	<i>B</i>	<i>A</i>	<i>H</i>	<i>B</i>	<i>A</i>	<i>D</i>	<i>G</i>			
4	<i>J</i>	<i>J</i>	<i>C</i>	<i>B</i>	<i>C</i>	<i>B</i>	<i>A</i>	<i>E</i>	<i>E</i>	<i>G</i>	<i>G</i>	<i>E</i>	<i>D</i>	<i>E</i>	<i>C</i>	<i>E</i>	<i>D</i>			
5	<i>E</i>	<i>F</i>	<i>G</i>	<i>G</i>	<i>D</i>	<i>E</i>	<i>D</i>	<i>G</i>	<i>A</i>	<i>I</i>	<i>A</i>	<i>I</i>	<i>B</i>	<i>J</i>	<i>D</i>	<i>J</i>	<i>J</i>			
6	<i>D</i>	<i>H</i>	<i>A</i>	<i>D</i>	<i>I</i>	<i>J</i>	<i>G</i>	<i>C</i>	<i>C</i>	<i>H</i>	<i>I</i>	<i>H</i>	<i>A</i>	<i>I</i>	<i>G</i>	<i>A</i>	<i>H</i>			
7	<i>I</i>	<i>I</i>	<i>I</i>	<i>H</i>	<i>H</i>	<i>I</i>	<i>E</i>	<i>I</i>	<i>H</i>	<i>B</i>	<i>D</i>	<i>D</i>	<i>G</i>	<i>D</i>	<i>J</i>	<i>I</i>	<i>A</i>			
8	<i>H</i>	<i>D</i>	<i>J</i>	<i>I</i>	<i>G</i>	<i>C</i>	<i>B</i>	<i>H</i>	<i>J</i>	<i>J</i>	<i>E</i>	<i>G</i>	<i>E</i>	<i>H</i>	<i>E</i>	<i>H</i>	<i>I</i>			
9	<i>B</i>	<i>E</i>	<i>F</i>	<i>E</i>	<i>J</i>	<i>H</i>	<i>H</i>	<i>J</i>	<i>I</i>	<i>E</i>	<i>H</i>	<i>J</i>	<i>I</i>	<i>G</i>	<i>H</i>	<i>C</i>	<i>C</i>			
10	<i>C</i>	<i>C</i>	<i>H</i>	<i>F</i>	<i>F</i>	<i>F</i>	<i>F</i>	<i>F</i>	<i>F</i>	<i>F</i>	<i>F</i>	<i>F</i>	<i>F</i>	<i>F</i>	<i>F</i>	<i>F</i>	<i>F</i>			

H - 3 [1] Data Sheet - Queropalca

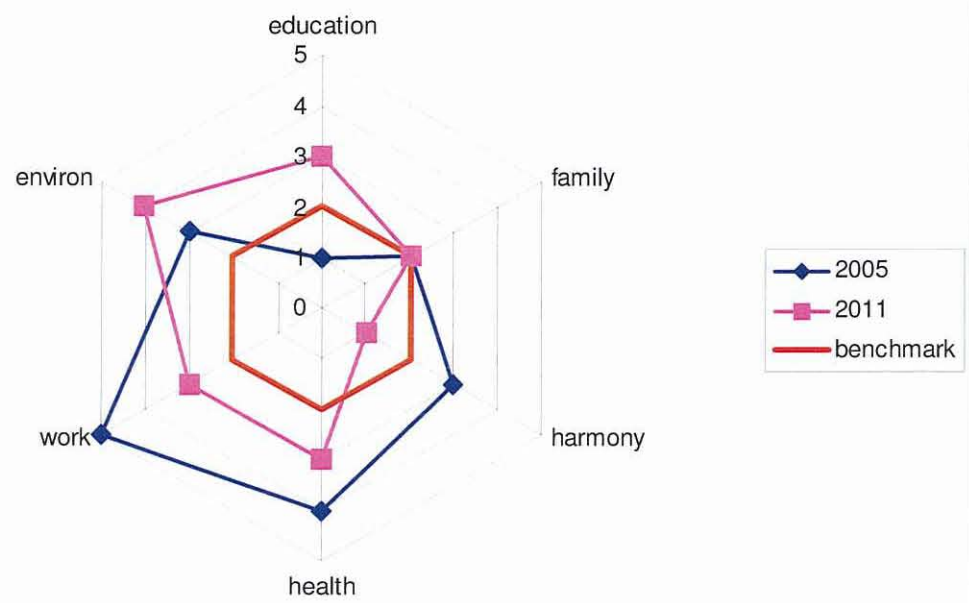
Ranking pattern of 17 participants											
Items	Ranks										
	1	2	3	4	5	6	7	8	9	10	
A	2	4	4	1	2	3	1	0	0	0	17
B	6	2	3	2	1	0	1	1	1	0	17
C	3	4	0	3	0	2	0	1	2	2	17
D	2	3	1	2	3	2	3	1	0	0	17
E	0	2	1	5	2	0	1	3	3	0	17
F	0	0	1	0	1	0	0	0	1	14	17
G	0	2	4	2	3	2	1	2	1	0	17
H	0	0	1	0	0	4	3	4	4	1	17
I	1	0	1	0	2	3	6	2	2	0	17
J	3	0	1	2	3	1	1	3	3	0	17
	17	17	17	17	17	17	17	17	17	17	

H - 3 [2] Ranking Pattern - Queropalca

Appendix I

Spiderweb Visualisation

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Publications

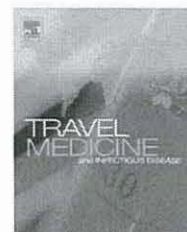
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REVIEW

The health impact of tourism on local and indigenous populations in resource-poor countries

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Summary In the vast Travel Health literature there is still a considerable dearth on tourism's impact on local communities. This review attempts to remedy the situation. Its focus is on potential health impacts on populations living at tourist destinations outside the industrialised world. To facilitate a better understanding of how health is linked to tourism today, a brief overview of the historical and theoretical evolution of tourism is presented. Ecotourism is given special attention as it is perceived as a version of the industry that is more benign on environment and people. After discussing Indigenous Tourism, a variety of potential health implications is outlined. These follow a previously suggested classification of indirect and direct impacts, with the indirect impacts being based on economic, environmental, socio-cultural and, more recently, political impacts, and the direct impacts originating from immediate encounters between tourism and people. Finally, the urgent need for more research is highlighted, and some solutions to minimize health impact are suggested.

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Introduction

On 26 October 1958, the world of travel changed. The American airline PanAm launched the first commercial transatlantic route from New York to London, with 111 passengers on board a Boeing 707. Although British BOAC had introduced the world's first commercial jet service in May 1952 from London to Johannesburg (with numerous stop-overs), PanAm had opened the market for long-haul flights. After World War II, peace and stability triggered an

era of rebuilding, and a drive to accumulate material wealth. A booming economy, and new found prosperity based on hard work, lead to more disposable funds, and increased leisure time allowed the addition of travel to the desired house-car-appliances package. With the possibility of long-distance travel, for many, the usual holiday destinations changed from the closest seaside resort to foreign countries and continents. Mass tourism was born, and in 2006, over 850 million international arrivals were recorded.¹ Over the decades, cultural and natural attractions in developing countries were added to the tourism product. This created a demand for adventure tourism and cultural tourism to ever more exotic places, culminating in visits to locations marketed as 'unspoilt', people

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as 'untouched' (before anyone else got there), and off the – literally – beaten track.

The relentless search for new places usually starts with a few genuinely interested and experienced visitors causing little impact who then create a 'word-of-mouth' publicity and growing curiosity. Following are people who are less experienced, perhaps less interested and considerate, and who sometimes exaggerate their experience by including some imagined heroism.² They make a place 'too developed and touristy' for the first visitors who rather move on to the next new place, adding yet another site to the must-see-catalogue.³ As Wheeler⁴ noted, 'voracious wolf in lamb's clothing, the sensitive traveller is the real perpetrator of the global spread of tourism and in this capacity must take responsibility for some of tourism's adverse impacts' (p. 105). Parallel to this development arose concerns about impacts of tourism, categorized into economic, environmental and socio-cultural. Little attention was paid to health impacts, particularly on local communities in rural and remote destinations in developing countries, many of them indigenous people.

Although travel is as old as humanity itself, tourism does not have a very long tradition of scholarship and research. The emergence of academic tourism literature can be placed in the early 1970s. However, since then the body of knowledge has grown tremendously, not only from the perspectives of other established disciplines, such as psychology, sociology, anthropology, economics, geography, environmental sciences, political sciences and many more⁵ (see Fig. 1, and note the absence of health), but also within tourism as an independent academic discipline. Tourism's health impacts have attracted less attention⁶ with the first papers appearing only in the late 1990s.^{7–9}

This review aims to provide a brief historical and theoretical tourism background to allow the reader to place health concerns in the appropriate context. The tourism literature is now so extraordinarily numerous, complex, comprehensive and multi-faceted, that no attempt to provide a summary can be satisfactory. Therefore, for the purpose of this paper, selected topics and trends are introduced. Very readable older and recent collections are recommended for those seeking more detail.^{10–13} Then, the current literature will be examined as it relates to tourism's potential health impacts on destination communities in resource-poor areas of the world. Finally, current views on ways to monitor impacts and curb negative implications will be presented, including the need for much more research.

The evolution of tourism paradigms and their subsequent concerns

Considered by many as the 'father of tourism academia', Jafar Jafari¹⁴ classified the tourism literature into four distinctive 'platforms' which are not only useful for appreciating different perspectives on tourism, but also allow an understanding of the historical evolution of paradigm shifts over the last decades. His framework will be used here to summarize very briefly the different views on tourism, and to explain how and when concerns for health issues developed.

Advocacy platform

Tourism in the 1950s and 1960s focussed on economic aspects. Free-market capitalism shaped the industry as a business opportunity where benefits increased proportionally with increased tourism arrivals. Marketing was driven by quantity, and mass tourism was the answer to achieve the goals. For many, this was the easiest way to earn foreign exchange, and in many developing countries, this view still prevails, if not among the people then with governments. Early examination of this kind of tourism focussed on socio-economic aspects,¹⁵ justified by tourism's revival of traditions, customs and arts, and, hence, preserving natural, historical and architectural attractions.

Cautionary platform

After years of perceived abundance, critical voices started to question the value of consumption without consideration of others, leading to a general shift in world views toward the end of the 1960s and early 1970s. In terms of tourism development, negative impacts on and undesirable costs to environment, economy and people through too much and unregulated tourism became the focus of the academic literature. Less research-based, overwhelming observational and anecdotal evidence supported the criticism. One of the classic works of the time is Doxey's index of tourist irritation (Irridex),¹⁶ outlining the progression of local people's perception of visitors from euphoria, to apathy, annoyance and antagonism, a framework still in use today.¹⁷ Reflecting the spirit of the time, it is interesting to note that this was also the era of the first UN Conference on Human Environment in 1972 in Stockholm and, of course, the years leading up to the WHO/UNICEF Primary Health Care Conference in Alma-Ata in 1978 which marked a turning point in the approach to world health.

Adaptancy platform

The late 1970s and early 1980s saw a continuation of critical examinations of tourism. Most of the classic impact literature can be found here,^{13,18,19} including Butler's Tourist Area Cycle of Evolution.²⁰ Yet, due to the complexity, and methodological difficulties,²¹ still very little is research-based. However, at the same time, the search was on for alternative forms of tourism with presumably less negative impacts, that would respond to the needs of host communities and protect the natural and socio-cultural environment, but still allow tourists to have a rewarding travel experience. Alternative tourism forms, in contrast to 'out-of-control', 'irresponsible' mass tourism, were given more than 25 distinguishing identifiers,^{22,23} including 'green', 'sustainable', 'soft', 'controlled', 'responsible', 'cultural', 'ethnic' and many more but above all 'eco' (from 'ecological') with its particular focus on nature-based tourism destinations. Because of the popularity of the term 'ecotourism', this form will be introduced shortly. Alternative tourism was supposed to be beneficial for communities and environment, yet, it also was clear that it could not accommodate the sheer number of current tourist populations.

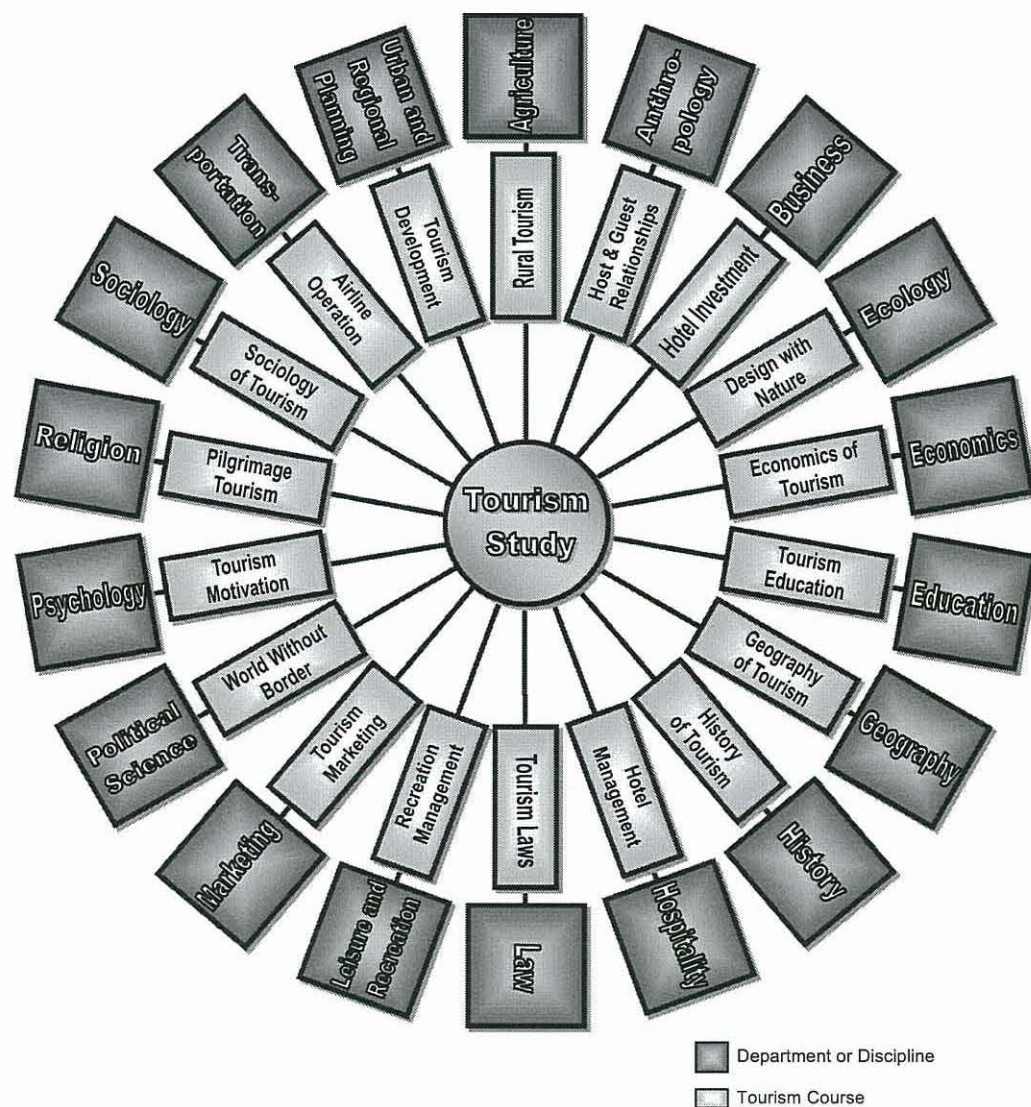


Figure 1 Multi-disciplinary tourism foundation (reproduced with permission from author). Source: Jafar Jafari.

Knowledge-based platform

From the late 1980s onwards it was increasingly obvious that tourism as a global industry was 'here to stay'.⁵ Employing alternative forms could only be a partial solution. The aim of tourism scholars was to better understand tourism's theoretical constructs, including tourist behaviour and typologies, based on scientific study, so that results could be applied appropriately to practical situations. Rather than insisting on alternative approaches, the type of tourism had to depend on the individual destination. Tourism theory became evidence-based, and tourism increasingly entered universities as an independent academic discipline. Perhaps because changes in health responses usually take time to occur, and few disciplines linked to tourism saw a responsibility for health outside their area of expertise, a tentative focus on health only appeared in the later years of the 1990s. Even today, of a selection of widely used books on a range of alternative tourism forms,^{17,22–32} only one³²

mentions health in its index. A recent review on ecotourism's impacts still ignores health.³³

Today, all four platforms exist side by side, and an expansion of the multi-disciplinary nature of tourism was predicted by Jafari.⁵ He even suggested a link to gerontology in response to the growing senior citizen market segment. Fresh approaches are needed, including the re-visiting of benefits of mass tourism when it is confined to particular locations,³⁴ allowing communities to benefit, yet, leaving them in peace to go about their daily business undisturbed, as an example from China illustrates.³⁵

Ecotourism, the 'spearhead' of sustainable tourism

It is not possible here to comment on each form of alternative tourism and its potential health implications for locals. Ecotourism has been discussed in great detail since the 1980s. Therefore, it will be introduced here as the most well-

known form of alternative tourism. The term 'ecotourism' is attributed to the Mexican architect and environmentalist Héctor Ceballos-Lascuráin who thought that this type of tourism would allow a person to 'study, admire and enjoy' scenery, its plants and animals and the cultures in relatively undisturbed places. Moreover, he hoped that eventually this person will 'acquire a consciousness and knowledge of the natural environment together with its cultural aspects, that will convert him into somebody keenly involved in conservation issues' (p. 13).³⁶ The currently available literature on ecotourism is enormous reaching from early supportive descriptions but also severe criticisms^{4,37,38} to attempts of analysis and, based on recent shifts in scholarly views, to new forms of consolidation. Here, an overview is provided, highlighting the most important aspects including recent developments in scholarly thought as they may represent a basis for links to health issues.

Ecotourism was supposed to be the benign opposite to mass tourism, with less negative impacts on the environment (the original focus of such travel). Over time, other aspects were included in this notion, above all, sustainability. The principle of sustainability is to meet the needs of the present without compromising the ability of future generations to meet their own needs.³⁹ In fact, the enthusiasm with which sustainability entered the tourism arena may have had a lot to do with the hope that earlier mistakes could now be counteracted with suitable measures and some good will. However, as critical voices rightly note, 'ecotourism is simply not sustainable',³² as is no other form of tourism. Perhaps all that can be asked for is the reasonable attempt to apply current best practice strategies and intervene immediately when negative impacts occur.²⁷ Today, ecotourism is as fiercely debated as ever dividing those who emphasise its potential for development and poverty alleviation⁴⁰ from those who warn of the potential damage to environment and people.^{10,38} Ecotourism is associated with a wide range of potential costs and benefits²⁷; they will be included in the discussion of potential health impacts later in this paper. Today, ecotourism is a world-wide business, found on all continents including Antarctica.

Since its beginning, the 'eco' has proved to be worth gold for the industry. Agencies and developers quickly realised that as long as 'green' or 'eco' appeared on a product, people would happily pay large amounts of money and feel better for having done so. Even ordinary mass tourism could be sold to conscientious consumers as long as it was wrapped in a green veil. This 'greenwashing' attracted furious criticism,²⁵ and accreditation attempts were made to distinguish genuine ecotravel. The most widely known certification program is the Green Globe logo program of the World Travel and Trade Council (WTTC). However, the right to use the logo can be purchased cheaply with a simple declaration of intent to plan environment-improving strategies. Only more recently have attempts been made to use strict indicators to assess actual practices, such as The EcoCertification Program in Australia.⁴¹ Unfortunately, the travelling public will be confused by and unaware of the value of the various green labels, ticks or logos used for marketing purposes, and more work needs to be done to make certification useful for consumers and the industry.⁴² Similarly, numerous codes

of ethical tourism have been developed with the best intentions, yet monitoring adherence is virtually impossible.³⁷

Over the years, it has been recognized that ecotourism is not one homogenous form of travel. Several attempts have been made to analyse and categorise ecotourism on a spectrum from 'hard' to 'soft'⁴³ after it became evident that the ecotourist in his/her purest and strictest form ('hard') may actually be more harmful to environment and people than the contained, controlled and modified 'soft' form. 'Hard' ecotourists may shun commercial services, go back to basics, sleep in tents, and trek to destinations, but create more environmental damage by cutting down firewood, creating eroding paths or entering local people's homes requesting food and shelter. Often foregoing payment, the natives are then as praised friendly and hospitable. The tourists enjoy the adventure of being with locals who, in turn, get slowly alienated by the steady stream of unwelcome visitors. Soft ecotourism, in contrast, caters for larger groups, uses touristic infrastructure, provides services and more comfort, but also keeps some distance from fragile areas, cultures and populations. In addition, comprehensive and minimalist dimensions have been put forward to examine sustainability outcomes.²⁷ The minimalist model applies to tourism with a very strong site specific focus and specific impacts on the location. The comprehensive model argues within a broader content, including a regional and global focus, and with a view on long-term effects. Recent discussions of low-impact at the destination paid for with high energy and fuel consumption to get to this location in the first place support this perspective, making the ultimate ecotourist the one who stays at home.³ At this point in time, the application of the comprehensive approach to both hard and soft ecotourism seems to offer the best possible outcome for local destinations⁴³ while still ensuring visitor satisfaction and rewarding tourism experiences. Recently, the development of an 'ecotourism', an international network of protected areas, was proposed⁴⁴ to increase socio-economic benefits for communities and environmental protection. This concept would rest on the four aspects of (a) research and education, (b) ecological health (species, not humans!), (c) community participation and development, and (d) partnerships.

This brief overview of some aspects of ecotourism concludes with a definition that still is one of the more comprehensive to date (note the absence of sustainability): 'Ecotourism is travel to fragile, pristine, and usually protected areas that strives to be low-impact and (usually) small scale. It helps to educate the 'traveller' provides funds for conservation; directly benefits the economic development and political empowerment of local communities, and fosters respect for different cultures and human rights' (p. 25).²⁵ The inclusion of local communities here and in many other definitions of ecotourism provides a convenient link to the discussion of local people's health and well-being, yet research-based evidence for that consideration is scarce.

Indigenous tourism

One of tourism's great fascinations is the opportunity to see other cultures. From an anthropological point of view, indigenous tourism involves the 'Four Hs'⁴⁵: the

interrelated aspects 'habitat (geographical setting), heritage (ethnographic tradition), history (effects of acculturation) and marketable handicrafts' (p. 207). These facets allow the interested tourist to experience 'a micro-study of a man-land-relationship'. However, depending on the type of tourist seeking this experience, the interest in other cultures is often reduced to curiosity, even voyeurism.⁴⁶ Even today, in most instances, a traditional master/servant dependency is maintained, e.g. western tourists are served by indigenous waiters, or staged inauthentic performances of traditional customs are consumed as part of a package. Much criticised as a new form of imperialism⁴⁷ or neo-colonialism, indigenous tourism is vulnerable to exploitation, as tourism, a global industry, takes powerful control over tourism products, no matter what type.

External control mostly lies in marketing, transport, tourist expectations, management of funds, and so on. Over the years, indigenous people's self-determination has been accepted as important as well as the need to keep the benefit of a tourism product (i.e. no leakage back to foreign countries), not only the costs and impacts. Indigenous tourism has been seen as one way of combatting indigenous poverty. With some notable exceptions,⁴⁸ most of the over 300 million indigenous people in the world are more likely to be considerably poorer than their non-indigenous countryfolk.⁴⁹ This applies not only to monetary possessions but, among others, to access to safe water, sufficient food, appropriate housing, and education. To achieve a more sustainable economic improvement, well-managed tourism operations rather than logging, mining or oil exploration, seem to be the modern way to indigenous people's self-determination. In addition, culture as a marketable asset brings in money which, in turn, can be used to preserve the very culture. Crafts and artifacts allow locals and tourists to be part of a complex cultural communication.⁵⁰ Furthermore, hopes are placed on indigenous tourism's two-way educational value.⁴⁶

True indigenous tourism products are indigenous-owned/operated. However, it is interesting to note that such products need to meet non-indigenous standards to be marketable. Examining the considerable literature on indigenous tourism, the vast majority, albeit with the best intention, is written by non-indigenous people from a western perspective. Strongly supporting indigenous people and their 'empowerment' and 'development' (where to?), indigenous operators will still have to comply with western expectations to be part of the global economy. It seems that the historical power imbalance has only gone into hiding. However, attempts have been made to conceptualize how indigenous people may be part of the global industry, yet, keep control over their involvement. For example, the Indigenous People's Cultural Opportunity Spectrum for Tourism (IPCOST) model⁵¹ allows indigenous communities to catalogue the touristic opportunities of their culture, assess if they have the capacity to implement cultural tourism, decide if to progress and how to do it, so that social and cultural values as well as economic aspects are considered. In Australia, half of all international visitors had indigenous experiences, mostly in terms of art/craft or cultural displays, and for 20%, the indigenous experience was the most important reason to visit the country.⁵² However, this does not mean that indigenous disadvantages

and dependency are necessarily averted.⁵³ It has been argued that tourism should be indigenised, including control and participation, where the tourism product clearly consists of indigenous elements⁵⁴ as it does in most developing country destinations. Today, numerous indigenous tourism projects³⁰ and cultural tourism projects⁵⁵ can be found around the world.

Tourism's health impact on local communities

For over two decades, tourism's impacts have been examined predominantly from a social, biological or economic sciences' point of view, culminating in the now standard classification of 'economic, environmental and socio-cultural' impacts. Little can be found on these impacts' implications on local health, or on work originating from within health disciplines. It has been proposed earlier⁸ to examine tourism's health impacts in terms of indirect and direct impacts. Indirect are those arising from the classic three listed above, and direct are those where an immediate link is obvious between tourism and the health status of a local individual, group or population. For the purpose of this review, this framework will be used for convenience, and also to maintain consistency in the presentation of the topic. It also fits nicely with a development in the corporate world over the last 10 years or so: 'sustainable capitalism', where businesses are required to be accountable for current performance and future targets against the 'triple bottom line': economic prosperity, environmental quality and social justice.⁵⁶ In addition, more recently, and particularly with indigenous tourism involvement, a fourth dimension has emerged and will be added here, namely, the political impact of tourism.

Indirect health impacts

In this section, the literature on these four impacts will be presented demonstrating the link to potential or actual subsequent health implications. Research-based literature will be used where available but its scarcity requires supplementation with theoretical work, scholarly opinion pieces and the reviewer's own data. Also, it is important to be aware that, while impacts are treated as if they were isolated entities, in fact, they all overlap and interconnect, even more so where subsequent health issues are concerned. Therefore, as an example, an economic impact (money available for junk food) may lead to psychological distress because of its socio-cultural implications (traditional crops disappear). Such detailed descriptions of interconnections will be limited because of restricted space. Furthermore, health and well-being is often primarily understood as physical health in the widest sense. In the context of tourism's health impacts, especially the indirect impacts, the inclusion of mental health issues is of great importance. Mental well-being often seems less important, perhaps because changes are more difficult to observe, at least for those who are not trained to look for them.

Economic health impacts

The driving force behind the tourism industry, as any other industry, is profit, first and foremost for western agencies, operators, and businesses, and then, more modestly, for developing destination nations. Virtually all the literature dealing with economic impacts focuses on the generation of foreign exchange and the creation of employment,^{5,57,58} with income then percolating to the public sector, businesses and private households. Focussing on developing countries, the 2007 reader 'Tourism in Developing Countries'⁵⁹ compiles 34 papers published between 1974 and 2004, the vast majority covering economic issues. With more disposable household funds, locals are able to afford better food in appropriate quantities (but also more junk food), children can be sent to school for longer, and medical care may become affordable. However, it can also mean that domestic prices soon render goods, services and land out of reach of local consumers. This does not even include the leakage of foreign currency back to tourist-originating countries in form of payment for hotel chains, airlines, travel agents, and imported food and goods. Conversely, applying the effects of globalization, a study in Indonesia⁶⁰ concluded that tourism can increase the availability of products and, hence, reduce prices and improve welfare. An earlier Jamaican example⁷ suggested that tourism development has increased prosperity and improved people's health status, but acknowledged that tourism-generated funds are not used toward the improvement of health of those in the population who need it most. This shortcoming can be seen in many places around the world where tourist dollars have not changed the health status of the marginalised. The importance of tourism for the local economy has been demonstrated in Mexico⁶¹ where local employment was the major beneficiary of tourism, and all, from boat operators, car washers, vendors, to hotel and restaurant owners, and staff and their families' lives had improved considerably. While the creation of employment is good for locals, seasonality and the availability of predominantly unskilled and menial jobs⁵ take the gloss off this benefit, and may leave people in a worse state than before. A less obvious negative economic impact on local health is the fact that qualified nurses⁶² and other health professionals leave their jobs for more regular working hours and/or better pay in tourism, a move still observed recently on a flight where about half the crew were qualified nurses (personal observation). It is also a health concern when people leave their traditional farming and fishing activities for seemingly easier jobs in tourism,¹³ neglecting local food production.⁶³ The link between food production and tourism has been studied in some detail.^{64,65} Food imported for tourism but also available for locals can be a disincentive for local food production,²⁶ or agricultural land is used up specifically to grow food preferred by tourists rather than food for locals.⁶⁴ In Bali, agricultural land has been used for hotel construction, and rice is now imported.⁶⁶ On the other hand, a particular economic success story relates to the indigenous and mestizo inhabitants of Otavalo and surrounding areas in Ecuador⁴⁸ built on the global marketing of their unique textiles, but this seems to be an exception.

The 'demonstration effect' has been discussed in the literature on economic and socio-cultural impacts.¹³ It was once used to defend tourism benefits by saying that if locals were brought in contact with tourists' ways of life, they too would want to work hard to better their lives. The subsequent rise of resentment was discovered only later.⁵⁷ In addition, the unequal opportunities available for locals, e.g. some members of the community get a job, or share in a development, some not, is responsible for opening a gap⁶⁷ creating an economic imbalance and a local élite.²⁶ This destroys the traditional balance of relationship and profit that exists in some cultures. That means, income is accumulated without the acquired debt to reciprocate.⁶⁷ Resulting feelings of mistrust, jealousy or betrayal can add to intra- and inter-community tensions and influence general well-being. Furthermore, wage economies may impact on indigenous people negatively when a traditional link to land and nature as a life world is destroyed for short-term monetary gain.⁴⁶

In this context, two types of tourism behaviour need to be mentioned: tipping and haggling. In cultures of reciprocity-based exchange of goods,⁶⁸ such as in the Pacific Region, tipping is frowned upon as this gift needs to be returned at some stage, and the tourist's tip at departure (some well-meant, some patronizing) places the hotel employee in a state of distress (and eternal debt) as reciprocity is out of the question. On the other hand, tipping gives employers a good excuse to pay below minimum wages. When it comes to haggling, in many situations, the few cents bargained down hard may have just been the amount needed for the only meal of the day for the vendor and his family.

Tourism has also been credited with improving infrastructure in remote destinations. Improved facilities, or improved roads to facilities are of benefit to locals. However, they may end up with the burden of maintaining the infrastructure if a development fails. Often, they do not have the means to do so, and may end up worse than before. A cultural village provided income for the Kenyah Dayaks in Borneo to live more comfortably and envisage a better future for their children. Yet, the infrastructure built to get tourists to that particular place was not maintained, nor did the locals receive any other improvements, such as water supply or telephone, resulting in tensions and resentment against tourism.⁶⁹ Goa in India has long been a show case for the failure of tourism bringing prosperity to locals, let alone having any other benefits. Having started as a hippy centre in the 1960s, and making headlines in 1987, when German charter tourists were greeted with flying cow dung and 'go-home' posters, the local population can show few improvements to their lives. Not only was their health not improved but local tax payers also had to fund the tourists' free medical services.⁷⁰ By the end of the 20th century, fewer than 10% of Goans have benefited from tourism and the list of concerns seems endless.⁷¹

The link between economic status and health status, or more precisely, poverty and ill health, is well-known and does not need to be explained here in much detail. One of the United Nations Millennium Development Goals' targets is to halve, between 1990 and 2015, the proportion of people whose income is less than one US dollar a day.⁷² Pro-Poor Tourism is a relatively recent development and an

overall approach to ensure that the poor have a net benefit from local tourism endeavours.^{73,74} Strategies and policies have been applied in a range of countries,⁷⁵ and it appears that efforts to extend current tourism products with a view to create opportunities for the poor have been met with great interest. A secure livelihood and modest prosperity to meet the daily needs including ensuring good health for the whole family would be an indicator for success. How such restructuring survives in the competitive industry remains to be seen. Unfortunately, locals are seldom warned of the devastating consequence of a reliance and dependence on tourism when, for some political or economic reason, the tourists stop coming.

Environmental health impacts

It was tourism's environmental impacts that formed Jafari's¹⁴ cautionary platform, leading to the creation of alternative tourism models. Over the years it has been demonstrated that while impacts do not happen solely in developing countries, problems arising from even seemingly small disturbances are in the end more numerous and more severe there²⁶ because usually more fragile environments are affected, such as desert vegetation, rainforest fauna and flora, or locations of rare biodiversity.

Tourism can have beneficial effects on the environment when, for example, tourism income, such as entry fees, licences, and general spending, is invested in local environmental education and planning, or for environmentally appropriate infrastructure, like suitable sewage systems, a change in domestic cooking fuel, or safe tourist facilities which benefit local health as well. Also, tourism provides an economic incentive to preserve natural habitat and flagship species in a sustainable manner, rather than using them for logging or mining, or collecting or killing to extinction. Although indigenous people's link to nature and land makes them the prime candidates for valuing the environment, poverty may make a short-term income from environmental resources very attractive. Furthermore, tourism can help rehabilitate previously damaged areas through reforestation, trail maintenance or cleaning waterways. Visitors putting a high value on natural attractions can persuade locals to increase the attention paid to the local environment, not only as a source of steady income but also as a source of pride and, providing clean air and water, a source of health. Local support to protect areas is vital, and there is a need to include local people in the management of their attractions.^{76,77} Combined with suitable education about the protection of their environment, a feeling of ownership and appreciation of their land, even if used by outsiders, can increase people's physical and mental well-being. The vision that global tourism could 'become a vehicle for investment in environmental health programs and secure improved health for all' (p. 154),⁷⁸ however, has not yet materialized.

Unfortunately, the list of negative environmental impacts and subsequent potential health impacts is much longer, and little change can be seen between the concerns described in the 1980s and 1990s, and today. A major problem is pollution of air, soil, but predominantly water. The lack of appropriate systems for sewage and waste

management, exacerbated by a larger influx of additional people, means that tourism developments often use rivers or the sea for the disposal of waste water or garbage.⁷⁹ On the one hand, pollutants accumulated in fish and seafood render them risky for local consumption, especially if this is people's only source of protein. On the other hand, swimming, bathing, or working in polluted water can lead to ear, eye, skin and gastrointestinal infections. Herbicides and pesticides used for golf courses²⁷ or landscaping can enter the local freshwater supply; redirection and generous use of freshwater for hotels, swimming pools and landscaping can leave locals with less or no clean drinking water, posing another health risk. Insufficient water to irrigate local crops affects the availability of food.^{76,79} Where water is seriously limited, such as the rare waterhole in a desert, or where a pristine creek is crucial to maintain a fragile habitat, (eco)tourists' use of soap and shampoo can be devastating.

Lacking suitable waste disposal facilities, garbage disposed by tourists can also create public health concerns, not only because of the impact of its unaesthetic appearance on people's minds but because it can also harbour disease-carrying rodent and insects. Evidence of garbage spoiling the environment has been described in fragile places as diverse as the Amazon⁸⁰ or the Mt Everest region.⁸¹ Carelessly discarded garbage can also cause cuts and lacerations, and potential infectious which is of concern if medical care is not available or not affordable.

A further problem is changes caused by the removal of vegetation (forest, mangrove) to make way for hotels, sport facilities or touristic infrastructure. Resulting landslides, avalanches or floods endanger lives, livestock, homes and crops. For example, a Peruvian mayor's recent attempt to get more tourists to a little known ruin in the mountains by building a badly engineered road resulted in the loss of homes and lives (own observation). Also, if land clearing happens in areas endemic with vector-borne diseases, such as malaria or yellow fever, the risk of contracting the disease increases dramatically, as seen in the Solomon Islands.⁸² In the same country, local tourism employees are exposed to extreme weather, such as cyclones, because resorts were built on idyllic beaches open to the brunt of natural forces.⁸² Soil degradation can also happen through unplanned trails and treks, building structures on steep slopes, plucking vegetation or collecting rocks. The effects of cutting firewood along trekking routes, especially where it is customarily already decimated for domestic purposes, have been demonstrated in Nepal⁸³ and other areas. Finally, human-wildlife interaction may change animal behaviour posing a subsequent risk to local people.⁸⁴ Sloth bears, tigers,⁸⁵ wild pigs and rhinoceroses,⁸⁶ elephants, buffaloes and others cause death or injury.

More recently, attention has been drawn to 'induced' environmental impacts.⁷⁴ These impacts are caused by locals benefiting from tourism financially, but the outcome of this very benefit turns them into polluters themselves. Practices frowned upon in industrialised countries, such as disposing of batteries or plastic bags in rivers, or using dangerous pesticides, persist because the required infrastructure and specific education did not keep up with the arrival of the perks.

Socio-cultural health impacts

This category has been discussed widely over the last 25 years.^{13,21,87–92} Tourist-host encounters have the potential to bring cultures together, foster mutual understanding,⁴⁶ remove prejudices and result in a preservation or revival of local customs, art and craft, hence, promote cultural pride. These positive arguments for cross-cultural tourism, however, seem to be outweighed by documented and anecdotal evidence that tourism's impact on society and culture in developing countries is mainly perceived as negative.

Social and cultural change apply the world over as part of modernisation and development but it seems more prominent and more negative when people from different backgrounds meet in artificial encounters, such as in tourism. A caveat perhaps, the lamented negative change may, in some cases, only be in the eye of the academic observer as some may argue that perhaps a change should only be seen as negative if the communities in question perceive it that way. Indigenous people have felt obliged to live and behave in certain ways because of tourist expectations.⁹³ They may not wish to be part of an ethnological zoo for the benefit of foreign gazers. Tourists are then irritated when the locals do not meet the expectations of advertised keepers of tradition.⁴⁸

However, often, local people do see their own society suffer from foreign contact. The 'demonstration effect', where locals try to imitate tourists not only in terms of language or clothes, but also in lifestyle, behaviour and food choices^{5,94} can have negative health implications. Particularly a change in lifestyle and food preference may lead to obesity, diabetes and hypertension where previously such conditions were unknown, such as in the Mexican Yucatán peninsula.⁹⁵ At the same time, loss of cultural identity and changes in traditional lifestyle can put people under considerable stress, as can inter-generational tensions in families and communities. Of constant controversy is the topic of begging, especially when children are so accustomed to receiving money, sweets, pens or other items from delighted tourists that they become professional 'requesters'. This multi-faceted and complex issue cannot be discussed here in detail but has become of great concern to families and governments. Randomly handing out goods the child's family cannot provide not only increases the perceived distance between rich tourist and poor local, but undermines parents' authority and fuels their concern that this practice encourages a lifestyle of begging or expecting hand-outs. The usurpation of cultural property and identity, commercialisation of rituals, e.g. Balinese funerals³² and profiteering from the use of 'indigeneness'⁹⁶ is as stressful as the staged authenticity of performances⁹⁷ for the tourist dollar. The inclusion in the tourism product of sites sacred to local people, from large flagship sites such as Machu Picchu in Peru, the Table Mountain in South Africa⁹⁶ or Uluru (Ayers Rock) in Australia,⁹⁸ to small local sites centering around a tree or a cave, is usually done without local consent, and inappropriate use and destruction by wear and tear is highly distressing to indigenous people.

Finally, tourism behaviour,⁹⁹ gestures or mimics, intentional or thoughtless, may nevertheless be perceived as

patronizing, ridiculing local custom, disrespect, revulsion or disapproval and cause ill feeling, disappointment, alienation and a perception of insult. Combined with a perceived powerlessness and exploitation, a resulting increase in, or appearance of, alcohol and substance abuse, violence and prostitution have been observed around the world.¹⁰⁰ A more recent phenomenon of commercialisation of sacred rites and its subsequent distress to local people is presented next.

'Drug tourism' – sacred rituals as tourism product

Concern with the commercialisation of sacred rituals including shamanism has been discussed in various parts of the world, such as the Americas, Tibet, or Nepal. More recent is the increase of what some call 'drug tourism'.¹⁰¹ Like the hippies in the 1970s on their way to India for high grade marijuana, tourists travel for the purpose of drug taking to experience local culture,¹⁰² be it for cannabis in Amsterdam or, within the scope of this paper, for peyote in Mexico or San Pedro in Peru. The perception of risk in drug taking may be altered when on holidays, and substances are consumed within some cultural context,¹⁰³ thus justifying the experience.

Hallucinogens have been used by various native peoples around the world for thousands of years,^{104–106} predominantly for spiritual, ritual and healing purposes, and mostly by designated healers or shamans. From the early 20th century, anthropological, botanical and pharmacological descriptions of plants and substances, especially from the Americas, created a strong interest in different possible uses of hallucinogens. Three plants shall be named here for their link to modern tourism, peyote (*Lophophora williamsii*), a cactus found in Mexico, the San Pedro cactus (*Trichocereus pachanoi*) in Peru, and ayahuasca (*Banisteriopsis caapi*), a brew from a vine and additional plants, originating from the Brazilian, Colombian, Peruvian and Ecuadorian Amazon regions. Anthropologists' accounts^{104,107,108} coincided with the interest in psychedelics toward the end of the 1960s, only surpassed by self-reports of mind-altering experiences, such as Carlos Castaneda's *The Teachings of Don Juan*,¹⁰⁹ today treated as fiction rather than fact, or best-selling novels, such as *Playing in the Fields of the Lord*.¹¹⁰ Such accounts may have given the still fledgling New Age movement a considerable boost, and hallucinogenic plants, sacred to indigenous peoples, have been utilised for some time in the search for alternative spiritual meaning. To circumvent legal problems at home, and to experience hallucinogens in a setting perceived authentic, travel to such locations has grown exponentially over the last years, as indicated by the increase of such travel packages. Alternatively, people take advantage of opportunities offered at the destination. While some recent self-reports seem to attempt some genuine exploration of ayahuasca use,¹¹¹ others published in adventure magazines on the use of peyote¹¹² or ayahuasca¹¹³ illustrate the potential thrill-seeking quality of the experience. Even guidebooks remind travellers of local opportunities.¹¹⁴

Little published information is available on the link of tourism to peyote or San Pedro use, although critical

accounts of foreigners partaking in peyote rituals exist.¹⁰⁶ Therefore, the focus here is on ayahuasca. 'Ayahuasca-tourism'¹¹⁵ to the Amazon jungle seems to have become popular, but those unable or unwilling to travel that far can have the experiences in relative comfort in Cuzco, a major tourism centre in South America. Here, anyone can take part in touristic experiences as numerous business cards advertise: 'Share the experiment in the drinking of Sacred Plants (Ayahuasca, San Pedro and Others)' [*unedited*] or a 'Vision-Quest with Ayahuasca and San Pedro'.

The therapeutic potential of ayahuasca has been studied for physical treatments¹¹⁵ and assumptions of spiritual healing have been made.¹¹⁶ This review will not enter a debate as to what degree the use of ayahuasca is genuine or not. Of importance is that sessions with ayahuasca, as any other mind-altering substance, should be guided by a genuine shaman who, after years of strenuous apprenticeship, including restricted diet, total sexual abstinence and isolation in the jungle, will observe strictly the rituals within their cultural context.^{101,117–121} Because of the hard training, very few genuine shamans are practising today. Therefore, western demand created a new profession of fake shamans 'who became overnight healers to foreign tourists' (p. 203).¹⁰¹ These newcomers have never gone through the traditional apprenticeship but are opportunists and businesspeople extracting extraordinary amounts of money for arranging rituals 'borrowed' from indigenous peoples who do not benefit economically.¹⁰¹ Moreover, criticism is also directed at the western tourists who, lacking purpose, values and fulfilment at home, come to search for spiritual, or mystic excitement, unaware, first, of being taken advantage of by unscrupulous dilettantes and, second, of their role in destroying local cultures.^{101,119,121} Similar criticism is aimed at foreigners who think they can become genuine shamans in Mexico¹⁰⁶ but such 'courses' also exist in Peru and elsewhere. Personal communication in 2006 in a Peruvian village with two foreign New Age facilities, uncovered the dismay of local people at the use of sacred knowledge and rituals deeply embedded in local culture on foreigners who lack the mental framework to respect indigenous concepts. Anger was also directed at the commercialisation of rituals by fraudulent 'neo-shamans' of dubious background and intention who 'stole' from genuine healers for their personal benefit. Here, the issue of intellectual property regarding indigenous knowledge is of particular interest,¹²² as in the Amazon, the concept of communal property prevails.¹²³

Political health impacts

Political agencies and governments from local to global level play important roles in tourism, and their administrative decisions have major implications at local level.²³ Again, such impacts create potential health concerns, such as mental stress through feelings of exploitation, deprivation, alienation and oppression. Three issues will be emphasised here. First, intellectual property rights of indigenous people are globally applicable to tourism/ecotourism,^{96,124} especially in the appropriation of cultural symbols, expressions and images. This can manifest in the

depiction of people and objects on mugs, postcards, key-rings, often in a sensationalised, ridiculing or derogatory manner. Violation of intellectual property rights may also occur when local knowledge is exploited commercially. Local knowledge should be incorporated with consent in development projects to create, amalgamated with outsider knowledge, a unique local knowledge that is acceptable to host communities.^{125,126}

Second, the UN Draft Declaration on the Right of Indigenous People¹²⁷ clearly states that all states must consider, among others, people's right to recognition of cultural and intellectual property, and the right to self-determination. Self-determination incorporates the right to decide for or against a tourism development and the degree to which cultural assets are shared with outsiders.¹²⁸ This includes decisions made together with the tourism industry as to whose laws govern a project, whose standards of consultations apply, or who identifies and approaches affected communities.¹²⁴ Deceit and dishonesty can skew people's ability to truly self-determine when, for example, scientists, prospectors or churches enter indigenous land in the disguise of ecotourism¹²⁴ (personal observation). Here one should also mention the politics of representation of a visited people when locals are marketed, positively or negatively,¹²⁹ as Noble Savages,¹³⁰ stone-age people, or headhunters,⁹³ to sensationalise a way of living the local people may long have chosen to discontinue, yet, they go along with because of the industry's demands.

Finally, the majority of ecotourism sites is located on ancestral land. Indigenous spiritual connection to the land makes the forceful removal of people for tourism developments and creation of exclusions for national parks even more worrying. Examples exist around the world, such as the bushmen in the Kalahari,^{124,131} peoples in the Amazon area of Peru¹³² or Brazil,¹²⁴ in Goa,⁷¹ Nepal,¹²⁴ the Masai in Kenya¹²⁴ or people in Madagascar.¹³³ No compensation can make up for the loss of one's spiritual and physical homeland, and impacts on physical or mental health on displaced people, such as substance abuse, violence or suicide are not uncommon. Today's politically correct employment of consultation, participation and negotiation may still not get it right as Johnston⁹⁶ suggested 'many indigenous people compare the situation to a burglar entering a home, and then expecting to sit down over coffee to discuss how the owner's belonging will be divided' (p. 92). People are barred through exclusion from decision making over land use, through fences and barriers, and through unclear title-holdings.

Direct health impacts

Much more obvious than the previously presented potential indirect health impacts are those where tourists or tourism directly alter or influence local health. Here, direct transmission of disease, accidents, and local employee health is of interest. These health problems usually occur much more quickly, and their link to tourism is less debatable. Effects are more observable and the need for medical care is usually immediate.

History

Throughout history, human movement was a main reason for epidemics.^{134,135} Trade routes were, as they are now, corridors along which diseases spread. Europe's Black Death in the 14th century had started around 1320 in the Gobi desert and took 30 years to work its way west where it killed between a third to a half of the population in some European regions.¹³⁶ Venetian authorities suspected ships from the east contributing to the spread of disease and, in 1377, together with authorities in Rhodes, ruled that ship, passengers, crew and cargo be detained off shore for 40 days (*quaranta giorni* = quarantine) before being permitted into the harbour.¹³⁷ The spread of fatal diseases to non-immune peoples has nowhere been described better than in the early Spanish accounts of the conquest of the Americas in the 15th century. Not only were local people killed in battle, through hard labour and cruel punishment, but infections, such as influenza and smallpox, reduced indigenous populations dramatically. The subsequent acute shortage of workforce, replenished with African slaves, added more diseases. Not only did yellow fever arrive on the ships from the east but also its vector *Aedes aegypti*.¹³⁴

Some centuries later, history repeated itself in the exploration of the Pacific. Historic travel logs do not indicate to what degree the early explorers have been aware of their potential role in the spread of infections. Beaglehole's¹³⁸ overview of explorations of the Pacific narrates the discovery of islands and the fate of explorers. Only one reference is made to the 'utter and horrible' destruction of the area's 'primitive freedom from pestilence' (p. 246). Europeans brought syphilis, measles and dysentery. In the 18th century, the navigator and chart-maker Captain James Cook seems to have been the first to confine ill crew members to the ship to prevent transmission of diseases to the visited natives.¹³⁹ Just 100 years later, the link between visitors and local illness was well-known and, indeed, purposefully employed. In 1860, three captains arrived in Port Resolution (today Tanna/Vanuatu) to occupy the island. A Reverend John Paton reported their watchword: 'Sweep these creatures away and let white men occupy the soil'. This was accomplished by locking a local chief for one day in the hold among natives with measles. The disease then decimated the population conveniently.¹⁴⁰

The concern about epidemics in non-immune populations is recent and current. In the 1950s, on Easter Island, Thor Heyerdahl¹⁴¹ witnessed the regular influenza epidemic after the arrival of the yearly supply ship from the Chilean mainland. In the 1950s and 1960s, several mumps epidemics on Alaskan islands were caused by travel from the mainland.^{142,143} Today, global human movement has left few 'virgin' populations, but partial immunity still makes many native peoples vulnerable to infections. Every now and then, newspapers briefly report on outbreaks after scientists, students, tourists, missionaries or prospectors visit fragile populations but, unfortunately, these events do not seem worthy of scientific documentation.

Transmission of diseases

Potential direct impacts are mainly those where disease is spread to the host from the visitor who either brought the

pathogenic agent from home or picked it up while travelling. Acknowledging the expertise of the reader, this section is kept short and only serves as a reminder of trends, links and consequences. Sexually transmitted infections are usually thought of first, anecdotal or evidence-based, as an example of tourist-host transmission of disease to the general population, and especially to tourism/hospitality employees.^{144,145} Specifically sex tourism and its health implications have been discussed in numerous publications. Child sex tourism, including offering virgins for unprotected sex, of course, not only concerns for reasons of transmission of sexually transmitted disease. Others topics are gastrointestinal infections, be they bacterial, viral or parasitic. The lack of sanitary facilities on mountain treks or beaches may put local health at risk. Polluted mountain creeks affect villagers' drinking water. Soiled toilet paper can be observed lying around in many touristic places without sanitary facilities. Small children may be exposed, and the role of domestic dogs eating faeces should be re-visited within Travel Health. The lack of hand washing facilities for tourists (with and without traveller's diarrhoea) and the risk to locals has not yet fully been incorporated in travel health advice. Respiratory infections seem to rise when tourists escape their winter bringing their cold, and sore throats to communities in developing countries. Vector-borne diseases, such as dengue fever or malaria, could be spread by infected tourists moving to an area where the vectors are endemic but not yet infected.

Apart from individual infections, the ease of spread of infections (from low to high) and the impact on hosts (from minor to serious)⁸ need to be kept in mind to direct limited resources to the prevention of potential infections that cause greatest harm. Finally, the consequences of infection need to be considered. For people with poor nutritional status, limited finances, inadequate housing, and who are already plagued by chronic infections, such as parasites, TB, hepatitis, malaria, sometimes suffering from more than one acute or chronic ailment, an additional infection is of even a greater worry. Lack of access to health care due to missing infrastructure, or due to lack of funds is a common occurrence in developing countries. Furthermore, poor people's production factor is their body. If they are ill or incapacitated, they cannot work, hence, cannot feed their family, and such perpetuate the cycle of poverty and ill health.

Accidents

Local people can be harmed in accidents caused by tourists, especially car and motorbike accidents. Being in a holiday mood, alcohol and drug consumption, not being familiar with road conditions, such as lack of lighting, poor conditions, wildlife crossing or driving on the wrong side of the road, and carelessness, can cause death and injury to local residents. The local medical facilities may not be equipped for more serious traumata. Again, while such events make newspaper headlines, they may be too insignificant for systematic recording.

Workplace health and safety of local tourism employees

One of the praised economic benefits of tourism is the creation of local employment. Unfortunately, the majority of such jobs is low-paid and menial, often hazardous, with little provisions for health and safety. Guides, porters and hospitality workers shall be discussed here. Literature on local tourism employees' health is extremely scarce. Guides are exposed to a wide range of health hazards either due to the type of activity and its inherent danger, or due prolonged stays in areas of health risks, such as avalanches or snake bites. Mountain guides, like their clients, suffer from altitude sickness, injury, even death, in the Himalayas,¹⁴⁶ the Andes⁶³ and elsewhere. Scuba-diving guides are at risk when the income is linked to the number of dives, and the minimal surface interval is not observed. A lack of compression chambers, as reported from Pacific islands,¹⁴⁷ adds to the hazard. Further problems occur when guiding to unsafe locations, such as the top of active volcanoes or to the edge of large waterfalls.⁸ In contrast to documented tourist infections with schistosomiasis in Ethiopia,¹⁴⁸ local rafting guides' increased exposure to miracidia is poorly studied; they are also exposed to accidents and drowning like their customers. Similarly, locals in Brazil are exposed to schistosomiasis in natural resort swimming pools and ponds, they share with tourists.¹⁴⁹ In some destinations, tourists expect to be guided to areas covered by taboo. The fear and reluctance to enter must be overcome to earn money. The spiritual and mental distress of this forced breaking of taboos have not been studied yet.

The severe health problems of porters are well known from Peru¹²⁸ or Nepal.¹⁵⁰ Inca Trail porters⁶³ suffer from illnesses, injuries, hunger, cold, the refusal of medical assistance and abandonment on the trail. Child porters in Nepal are not only exposed to immediate physical risks including alcohol and drug use and sexual assaults, but long-term negative effects on their physical and emotional development, and their nutritional and education status.¹⁵¹ Undocumented deaths have been reported from Pakistan and Mt Kilimanjaro. The plight of millions of porters who rarely come into contact with tourists but carry enormous loads of produce from markets to hotels and restaurant kitchens, or luggage to trains and buses, and their health status is unknown.

Many hospitality workers, in the absence of strict work regulations, work very long hours with few breaks and microscopic wages that are never enough to lead healthy lives. Some situations indicate a form of modern slavery. Weather patterns and flight schedules often mean departures from and arrivals at airports, and then hotels, in the very early hours of the morning, with hotel and transport staff often being on-call rather than on regular night shift, suffering disturbances of their circadian rhythm. Health impacts on tourism workers, self-employed or working for somebody else, are of concern as few earn enough to look after their health, or to access health care if needed. Workplace health and safety regulations are mainly nonexistent, and so are provisions for financial support of employees and their families in the case of illness, disability or death due to their work in tourism.

Research

Virtually all health related topics in this review are severely under-researched. Even straightforward epidemiological work is scarce. Numerous research foci have been suggested elsewhere,⁸ yet, little progress has been made over the last 10 years. There may be some lack of interest from health professionals but the main reason is probably the inherent methodological difficulty of studying complex impacts.²¹ Especially in the case of social and cultural impacts, dimensions are hard to quantify and, therefore, out of reach of most researchers employing conventional methods. Another difficulty lies in the transient character of tourism, and it is difficult to distinguish between changes caused by modernisation and globalization, by access to mass media, and by tourism specifically. On the other hand, where little research exists, there are few limits to creativity and innovative research approaches.

Because tourism is so multi-faceted, much speaks for multi-disciplinary research with methods not customarily employed in health research. A few examples follow. As tourism impacts affect predominantly marginalised, disempowered people, Action Research guided by Critical Social Theory could assist them to overcome effects from tourism by adopting a problem solving approach based on empowerment. The philosophy of Critical Social Theory builds on helping and educating people to help themselves. Paulo Freire's¹⁵² *Pedagogy of the Oppressed* illustrates empowerment through education. GIS are most suited for some types of impact research as they capture geography, space and movement, all inherent in tourism.¹⁵³ To give local people a voice in expressing their views on health impacts, a simple ranking method can be used as a starting point for designing improvements¹⁵⁴ or a method called photovoice.¹⁵⁵

Potential solutions to minimize health impacts

One cause for negative impacts can be seen in the lack of control of local communities over their involvement in tourism development as well as political and financial powerlessness. In fact, every aspect of tourism is based on a power-relationship of some description.⁷⁴ To combat this situation, tourism may be utilised for communities' benefit. Enthusiastic literature on community development/empowerment through tourism,^{23,31,55,75,156} poverty alleviation and appropriate tourism planning¹⁵⁷ is too numerous to detail here although limits of these approaches must be considered carefully.^{158,159} Another important issue is the fact that, so far, impact assessments are generally driven by views of outsiders, such as developers, scientists, 'experts', but almost never by the people who have to live with the consequences. The validity of such assessments without community-validated indicators is highly questionable, and fundamental adjustments to assessment tools are necessary.¹⁶⁰

Education is a further aspect to minimize health impacts. Tourism studies need to include tourism in developing countries,¹⁶¹ and today many do, but the health impacts seem to be sorely missing. The link

between Tourism and Health should enter all academic tourism courses.¹⁶² Furthermore, travel health professionals have a responsibility to educate travellers about appropriate behaviour, to ensure that harm to local people's health is minimised.¹⁶³ Even basic steps such as the ISTM publication 'The responsible traveller' are useful. It seems also essential for health professionals to obtain some understanding of western tourists and their behaviour in developing countries¹⁶⁴ to guide possible information strategies. Local health professionals should educate locals regarding potential health implications relating to tourism, and provisions for monitoring local health status should be made.¹⁵⁴ Local education of tourists through leaflets distributed at immigration booths, posters in airports, or stickers in strategic places is now evident in some developing countries.

Conclusions

This review presented an overview of tourism theory as a context into which tourism's health impacts can be placed. Copious amounts of literature exist on all areas presented except on health issues. Summarizing such a large field is by necessity generalising, and the many fine nuances and facets of many topics could not be accommodated. Health impacts were presented as indirect (economic, environmental, socio-cultural and political) and direct, and the severe lack of research has been pointed out. Tourism to developing countries will no doubt continue to grow and, with the employment of different tourism models and local participation, some of the benefits that tourism supposedly brings may actually arrive at the grassroot level. This is where the tourism industry will be made accountable in term of the triple bottom line and corporate social responsibility. The predominantly negative impacts of tourism all, in some way or other, impact on local health. If visitor-host encounters harm the health of hosts, this is not only unethical but in urgent need of action in terms of monitoring health status and promoting people's health. This should include health education, to ensure that the often involuntary hosts do have some benefit. Travel Health/Travel Medicine must no longer be the poor cousin at the table of the big corporate players. The lack of research offers a convenient starting point. It is hoped that this review generated an abundance of research ideas, questions and hypotheses, to be studied and tested not only in a fitting multi-disciplinary fashion but also with researchers from the destination countries, including local people as participants, advisors and, ultimately, beneficiaries. Perhaps this is where Travel Health/Travel Medicine can make its own contribution to sustainable tourism. This way, not only does 'health' become another spoke in Jafari's multi-disciplinary wheel⁵ but, over time, the entire wheel may be placed in a protective wheel case called HEALTH.

Conflict of interest

Author has no conflict of interest.

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Publication B

An evaluation of community and corporate bias in assessment tools

Irmgard Bauer and Katie Thomas

Introduction

An issue of considerable ethical weight has recently emerged as a topic for public consideration in relation to development decisions. Developers—industrial or otherwise—who want to pursue development in communities in which they do not personally reside are likely to show less concern for the impacts of development than if they were residents in those communities. The motivation to consider the full impact of development plans is affected by whether or not one has to live on a daily basis with their consequences. While this seems an obvious possibility it is remarkable how many development projects in both developed and developing contexts have been approved on the naive assumption that self-interest does not dominate development decisions. This means that steps are not taken to prevent the exploitation of, or harm to, those who have to continue living in the area affected by development. Indeed, the entire domain of impact assessment has arisen in response to the concern that developers might not fully consider environmental, social and human costs of their projects. However, little attention has been paid to the

lens of self-interest which might skew the perspective of the assessment itself, which is sought and paid for, and which therefore ultimately determines the assessment outcome. This review aims to evaluate whether the self-interest bias of developers is adequately balanced by community consultation in impact assessment work.

This project has consequently involved an in-depth critique of internationally recognised tools used by corporations to meet assessment requirements in developing evidence that their projects will not exploit or harm the physical, social and human resources of communities. Manuals for environmental, environmental health, social and health impacts were reviewed to examine the degree to which they include the physical, social and human costs of development from the perspectives of the communities involved. The criteria used in developing the assessment tools, the stage at which communities were involved in the assessment process and whether the assessments were completed from an insider (locals) or outsider (experts) perspective were all

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whether the assessment tools were capable of detecting and measuring impact from a community perspective and therefore to what extent the assessments meet their promise as an ethical tool to protect community interests.

A brief introduction to impact assessment

Impact assessment has been touted as a method of ensuring that business groups include the full costs of their development into their cost-benefit analysis. It is a clear, although a rarely articulated central premise of development discourse that economic development can create profits for one group at the expense of another. Too often, the social, environmental and human costs of development projects are shifted onto individuals and communities who do not share the economic profits of the venture. In the early 1970s it became evident that one problem with corporate bodies was that they are artificial, short-term associations of individuals whose main priority is making money and who, driven by this main imperative, were able to pillage resources that rightfully belonged to other individuals, communities and nations. Doing this openly, or by slight of hand, has been all too easy in a context dominated by the myth that economic growth has greater importance than human development. Such a paradigm sees exploiting the resources of others, if it increases profits, as acceptable behaviour.

Various impact assessment tools have been designed to ensure that developers incorporate the full range of the costs of development into their proposals. Cost-benefit analysis was initially focused solely on economics and on measuring the projected profit margin of a venture to protect the economic interests of investors. Over time, some of the impacts of development on various aspects of the biophysical and social environment were included, although initially the environment was seen more as a prize for whatever entrepreneur claimed it first than as a public resource. More recently, changes in public opinion have led to limited legal changes that enforce degrees of corporate social responsibility. It is now important to verify, under circumscribed criteria,

that proposed projects will not only be economically profitable but will also protect the physical and social environment of the community in which they are conducted. The following is a review of the assessment tools which are used to measure the impact of a development on the environment in which a community is situated.

Environmental impact assessment (EIA)

The serious disruption of people's lives due to large engineering projects in developing countries has led to the development of environmental impact assessments (EIAs). The need for this type of assessment was articulated in the US National Environmental Policy Act as early as 1969 (Chaibva 1994). Projects subject to EIAs can vary in scale from being very large, such as the construction of major dams requiring the flooding of thousands of square kilometres, to limited individual projects, such as a hotel or tourism project affecting the environment of a small community. In most cases the project incorporates construction work and modification of the natural habitat, both of which create changes in people's everyday lives and experience. Consequently, the analysis of the impact of the habitat change on individual life in the community should be a central part of any EIA. EIAs were initially developed to focus mainly on biological or chemical data – issues that are considered of the highest importance by scientists and in this paradigm, EIAs consist of assessments conducted by scientists for other scientists. That is, the environment is defined by outsiders to the community and the measurements used are significant to scientists rather than the community members. From this perspective local environmental values and knowledge are not considered valid measures of environmental change.

In some fields the view that the social aspects of life are important factors in daily well-being has led to the expansion of the term environment from its use to describe solely physical characteristics to include social, political and cultural elements as well. To be considered valid such assessments demand the

inclusion of environmental changes as they affect people and the opinions of the population affected. Analysis of a range of EIAs found that, while this is recommended as best practice, it rarely takes place and there are usually no benchmarks for including community views. The following detailed analysis of some EIA frameworks demonstrates this point.

Evaluation components in a range of EIA tools

Sensitive and fragile environments are often major drawcards in tourism. As these are exactly the type of environments that could be easily damaged by increased human presence they should attract rigorous assessment criteria. Williams (1994) warned that "what in absolute terms would normally represent a minor environmental disturbance could be of considerable significance because of where it occurs" (1994, p. 425) and emphasised that the consideration of causal relationships in terms of time and space must be integrated into impact assessment for tourist developments. He then presented and critiqued a range of identification, predictive and evaluative methodologies and offered an analytical technique for assessing the impact of a project. While this is of great use, his recommended procedures include no criteria or format for seeking input from local communities.

The United Nations Environment Programme (UNEP 2002) developed a comprehensive training resource manual for EIA trainers particularly for use in developing countries. It covers the evolving scope and range of assessment which can be conducted as part of an EIA including social and health impact assessments, risk assessments, public involvement, quality of life measures, poverty alleviation and sustainable livelihood frameworks. One module of this training course is devoted entirely to public involvement in the assessment process and to defining different levels of public involvement. These are categorised in level of depth from a one-way flow of information from the developer to the public (an inadequate one-sided process), to consultation (surveying people's views), to more interactive participation and to a final level of joint negotiation based on "joint fact-finding, consensus building and mutual accommodation of different interests" (2002, p. 163). In this

document local people are discussed as repositories of unique local knowledge, and in terms of their assumed need to be listened to carefully.

Our critique of this document is that, as the list of 23 involvement techniques later demonstrates, all this "consultation" is scheduled to occur after the idea of a programme, project or event has been planned by others who are external to the community. This is too late for insider-driven assessment. Furthermore it does not make clear if the public is to respond to a set of criteria decided by the developers (outsider driven) or if the public it may decide on the criteria important to them as a basis for further discussions (insider driven). Therefore, while the manual raises hopes that local people might get some real input into the development and assessment process, in fact, power and control still rest in the hands of outsiders who define the categories of concern to which locals can respond.

Chaibva (1994) defines environmental aspects as consisting of natural (physical, biological, and ecological) and human (social, cultural, economic, and political) components and their interrelationships in his work in Zimbabwe. He summarises the constraints in implementing EIAs as a lack of resources and trained personnel, and the negative corporate attitudes that view EIA as a bureaucratic hurdle rather than an ethical responsibility. He provides no guidelines for how connection to local stakeholders is to be conducted or integrated into the EIA. Similarly, Dougherty (1995), in cooperation with the Food and Agriculture Organisation, prepared guidelines for EIAs of irrigation and drainage projects and emphasised the importance of local group participation, active community involvement and consideration of the needs of the poor, but provides no measures for assessment of these areas.

Because much time can pass between a damaging event and a noticeable change in the environment, Salafsky and Margoluis (1999) proposed a threat reduction assessment. This approach is based on three assumptions: that all biodiversity destruction is human-induced; that all threats can be identified, distinguished and ranked in terms of scale, intensity and urgency; and that changes in all threats can be measured or estimated (1999, pp. 834–835). One advantage of this approach is that it is sensitive to changes

over a short period of time and that it can be applied in other disciplines such as health. However, outsider evaluation is prioritised in this approach and community knowledge and values are not used to define threats. "Simple social techniques" (p. 839) are briefly listed in the report but there is no best practice standard to guide their implementation. Such an omission implies that social techniques are not a high priority in assuring assessment validity. Thus, while allusion is often made to complex concepts such as culture and community this is not accompanied by structures and protocols that demonstrate that such concepts carry weight and validity.

Summary

Relatively early, Yap (1990) examined the applications of EIA in developing countries and argued that the traditional system of assessment (prepare an impact statement, subject it to public review, and accept, modify or reject it), was of little value in developing countries because governments had often already decided to go ahead with the plan and there was a lack of quality baseline data that could be used to evaluate the project's impact. To compensate for this lack of data, Yap proposed a participatory impact assessment and monitoring (PIAM) model based on local experiential knowledge. PIAM is centred on community participation during the preparation of an EIA and in the post-project monitoring and local people provide and collect the data. While Yap refers exclusively to the biophysical environment in his examples of the successful practical application of the model, this approach could work in other areas or disciplines. Probably the best justification for a flexible approach in impact assessment comes from Yap himself:

PIAM is motivated by the presumption that social instruments such as project planning and EIA are shaped by the culture within which they evolve. To transfer these instruments, unchanged, into fundamentally different cultures is, metaphorically, to insist that the peg is always correct and the hole must be made to fit it. PIAM assumes that it is the instrument that must adapt to new conditions. It is the peg that must be rounded, not the hole that must be squared (Yap 1990, p. 72).

The data collection methods suggested by Yap are rapid rural appraisals and participatory

research. Yap highlights the pivotal question about whether the topics under investigation should originate from communities or from developers citing Roque (1986, in Yap, 1990) who, after a Filipino project, ponders that different questions should have been asked to elicit data before the project began. Two of these were "How do people value the natural beauty of the Philippines?" and "What do they think about being replaced from ancestral land?" Both questions are geared to understand the unspoken values and beliefs of the people rather than answering questions important to outsider values. Unfortunately, it is unclear if either Roque or Yap contemplated this aspect further. Fifteen years later, topics, indicators and questions that allow the community to define what is important to them and their fabric of daily life are as scant as ever in EIAs. Therefore, one must assume that EIAs are still prioritising the interests and perspective of developers and putting those of the community in secondary, minor or disregarded position.

Environment and health impact assessment (EHIA)

Traditionally, environmental impacts were understood as changes to a biological or physical environment and the measurements used were based on standards such as the type and level of pollutants in water. While an EIA implied a subsequent impact of environmental change on human (and animal) health, health was not specifically emphasised as part of the assessment. The effects of environmental changes on health are now afforded more importance in impact analysis, even if only in terms of causal epidemiological relationships. Scientific data are now obtained, analysed and compared to acceptable standards for maintaining health. This has been a response to disasters where a proper EHIA could have avoided severe health problems and loss of life, as in the case of the Marib Dam in the Yemeni desert (Basahi 2000).

EIAs and EHIAs were compared with the particular aim of finding out whether they incorporated communities' primary health concerns. It was clear that both types of assessment

are still based on what is considered important to outsiders (scientific experts). In his analysis of over 70 EIA documents, Fehr (1999) argued that even EHIAAs are still not used to their full potential to facilitate health protection and promotion.

He noted that in these there was a very scarce or non-existent coverage of health issues for which the reasons cited included the complexity of the task, insufficient methods and tools, lack of current and reliable data and lack of systematic evaluation criteria for EHIA tools. We wonder if such reasons would be accepted in response to the difficulty of projecting profit margins for a project. Fehr proposed that standard EIA procedures should include a component "prognosis of health impact" to address this issue with a qualitative assessment of citizen concern. Communication with the author revealed that this has not yet occurred (R. Fehr, personal communication, 27 June 2005).

McSweegan's (1996) proposed infectious diseases impact statement (IDIS) emphasised the health aspect of environmental impacts by examining likely diseases, the number of susceptible hosts, endemic vectors and existing control measures. However, the procedure outlined does not include any community involvement (thus it is outsider driven) and, again, nobody seems to have designed and tested a tool based on this approach (E. McSweegan, personal communication, 10 July 2001).

The Australian *National framework for environmental and health impact assessment* (National Health and Medical Research Council 1994) provides a step-by-step outline for the EHIA process. While it frequently mentions stakeholders, communities, community members, and social issues, it is unclear if the concerns of the community are the driving force for a consultation or if the community simply is expected to respond to proposals presented to them. Without a clear articulation of the need for community control it is too easy for the issues presented to be those that are important to developers. The importance of having suitable indicators in such a "complex, cumulative and multi-factorial" (1994, p. 88) task such as EHIA is highlighted, but, again, all indicators mentioned are outsider driven and of a technical or epidemiological nature.

Summary

No EHIA literature could be identified in this study that placed communities' views on their health in connection to the environment as the core factor for assessment. In a critique of such outsider-driven evaluation, Eyles (1997) argues that the epidemiological perspective of exposure and outcome is too limited to fully encapsulate the effect of the environment on health. He recommends avoiding narrow views of science when selecting impacts and including people's views of their relationship with their environment in a broader perspective. Two steps were recommended to incorporate locals' views on health: "(1) how individuals and groups talk about and perceive health and illness in specific locales and environments; and (2) how individuals and communities find their place or identities in environments to negotiate everyday practices concerning health and illness" (1997, p. 7).

Such a complex perspective would need different tools to appreciate the context within which communities understand health and well-being (Cole and Eyles 1997; Eyles 1999). The examination of both the EIA and EHIA literature has demonstrated that consideration of people's views of the concepts of health and well-being are not yet included in most assessments and are certainly not prioritised. In reality, EHIA priorities are still determined by people other than those who have to live with the impact of development.

Social impact assessment (SIA)

Taylor *et al.* (1995) give an overview of the evolution of SIA from its uncertain beginnings as part of EIA to its modern stand-alone existence. In the late 1960s, while EIA became compulsory for specific projects to be approved, social aspects were rarely addressed, mainly because no adequate methodology had been developed for doing so. During the late 1970s SIA were tentatively appended to the EIA and by the 1990s formal guidelines for SIA emerged (such as those from the World Bank or the Asia Development Bank). In the work of Taylor *et al.* (1995) the importance of qualitative social field

data was highlighted, yet these data are not in the delineated assessment cycle and the public's role in defining issues, problems or indicators is not clearly articulated and centralised in the process. However, as there has been a shift from the old SIA, with its reliance on quantitative expert observations, to a new SIA which is supposed to centralise local communities' input (Buchan 2003; Lane *et al.* 2003), detailed guidelines for public involvement should be at the core of the literature published in the early 2000s. The following review focuses on the degree to which this actually occurs.

Burdge (2003) defines SIA as the systematic appraisal of "impacts on the day-to-day quality of life of persons and communities whose environment is affected by a proposed policy, plan, programme or project" (2003, p. 85) and explains that a good SIA provides "qualitative and quantitative indicators of social impact that can be understood by decision-makers and citizens alike" (2003, p. 85). However, examining current EIA guidelines or essays, it seems that position of social aspects as merely an add-on to the main impact assessment is as real now as it was in the early 1970s. The *EIA Manual* (UNEP 2002) devotes a whole chapter to SIA yet offers little detail on how to ensure community participation, let alone what type of participation is pursued. While different types of SIA are listed, it is unclear from whose point of view such impacts are assessed.

If EIA guidelines are somewhat vague in the application of social impact measures, one would imagine that explicit SIA guidelines would offer more detail into what exactly should be assessed and how. As part of the UNAIDS best practice collection, Barnett and Whiteside (2000) compiled guidelines for studies of social and economic impacts of HIV/AIDS. A table of social impacts includes numerous generally accepted and measurable indicators. A footnote advises that specific indicators differ from place to place and the design need to be based on participatory methods. This methodology would be a good way to centralise the community in the assessment process, however, in this instance, the authors were thinking of additional measurable indicators rather than indicators that originate in the people's own understanding of well-being. Again this reflects a concentration on an outsider approach which locates control

of decisions elsewhere than in the affected community.

Including the voice of the poor

The World Bank's (2003) *User's guide to poverty and social impact analysis* (PSIA) is a much used and cited document for application in developing countries. Social impact analysis here "refers to the analysis of the distributional impact of policy reform on the well-being or welfare of different stakeholder groups, with particular focus on the poor and vulnerable" (2003, p. 1). The document begins with a conceptual framework to understanding impacts in the context of poverty and then lists 10 key steps of a good PSIA, starting with "asking the right questions". These questions are designed from the assessor's rather than from poor people's perspectives.

When it comes to stakeholder analysis, the PSIA acknowledges that the poor (such as landless peasants) are usually disorganised and their voice unheard despite its importance, yet no solution to eliciting this voice is proffered. Indicator selection is from the assessor's and not the community's point of view. The extensive appendix lists and summarises 32 tools and methods to assess PSIA. Only three of them claim some level of community input: SIA, beneficiary assessment (BA) and participatory poverty assessment (PPA), and only the latter seems to take into account the views of poor local stakeholders. The description of SIA given in this appendix is too general to be of use to a practitioner. The BA is described as a participatory assessment method that can give an insight into how a community (the beneficiaries) views the way a programme addresses a problem, and what reception a programme is likely to receive, and this is defined as "reaching down" to the community level. Such a paternalistic approach that only gives the poor a voice in which to respond to a programme is not an adequate standard for truly assessing community impact, particularly before a programme is implemented.

Including the poor specifically and directly is the task of the PPA, which employs qualitative, visual (presumably to accommodate

illiteracy), and participatory rural appraisal techniques. It is said to provide an "in-depth analysis of the views of the poor and their political, social and institutional context" and "policy priorities of the poor" (World Bank 2003, p. 53) but there is no evidence of integration of locally validated indicators. When searching for more detail, one finds that information on BA and PPA is available from the same World Bank (n.d.) web document, and that the difference between them appears to be that PPA seeks "to bring information to the attention of policy makers" and BA "to bring information to the attention of project managers" (p. 5). Another World Bank document by Salmen (2002), promising a more detailed description of the BA method names BA's ultimate goal as "revealing the meaning people give to particular aspects" (2002, p. 1), but leaves no doubt that it is a tool for managers "to improve the quality of development operations" (2002, p. 1) rather than something that guides the development in the first place. The outsider-driven nature of the tool is found in the annex where interview themes are preceded by the statement, "conversational interviews are created around themes of importance to managers" (2002, p. 8).

This is of concern when considering that these World Bank guidelines provide a global standard for use and, in many resource-poor countries, may be the only document available to practitioners. Community members' perceptions, views, and perspectives are critical to an ethical evaluation of development project impact but unless this is emphasised poor people will still not have any power to decide what developments occur in their communities or to have any control over their impacts on their daily lives and cultural fabric.

Because of the wide range of approaches, definitions, perspectives and frameworks used in implementing SIA, a five-year process involving workshops around the world resulted in a document entitled "International principles for social impact assessment". It included an upgraded definition of SIA that emphasises a shift in its role from business to community development (Vanclay 2003a):

SIA includes the processes of analysing, monitoring and managing the intended and unintended social consequences, both positive and negative, of planned interventions (policies, programmes, plans, projects) and any social

change processes invoked by those interventions. Its primary purpose is to bring about a more sustainable and equitable biophysical and human environment (2003a, p. 5).

The fundamental change to previous SIA is that the community is placed in the centre of the benefits by creating "a more sustainable and equitable" environment and promoting community empowerment and development. This new form of SIA acknowledges the value of local knowledge and considers concerns of affected people. Vanclay (2003b) lists a large number of impacts that can be addressed by such an SIA, including community impacts, cultural impacts, development impacts, tourism impacts and poverty. He also mentioned SIAs undertaken on behalf of a local community and even by the local community itself, something rarely found in the literature. The core values and principles of this new understanding of SIA meet the goals of the 1992 Rio Declaration on Environment and Development and the 1986 Declaration on the Right of Development.

Dissatisfaction with the old SIA approach that excluded affected communities has been indicated in other articles, too, but the specifics of practical implementation of the new approach at the assessment and pre-project phase is still unclear. Husbands and Kumar Day (2002) note that projects often fail because communities have no interest in their implementation and do not feel any commitment towards projects when they have not been included in the design of the plans. Buchan (2003) moves from using expert-selected indicators and states that "the community needs to be involved in defining impact measures and indicators" (2003, p. 169). The need to understand locals' definitions of concepts and hierarchy of values was highlighted by Włodarczyk and Tennyson (2003) who assert that, in the old SIA, the term "community perception" was often defined as being incongruent with reality (one assumes this refers to the experts' reality). Within this insulting paradigm community-cited impacts were often categorised by experts as "unreal" or "imaginary".

In contrast, Włodarczyk and Tennyson used a range of social research methods in their study of risk perception relating to restarting a nuclear plant in Canada. Unfortunately, the lack of sample questions and description in the article itself makes it difficult to ascertain how they

captured locals' perspectives and how these were validated to ensure that, again, the survey was not driven by outsiders' concerns.

Finally, two articles introduced the interactive community forum (ICF) as a method to integrate local knowledge into a SIA. Becker *et al.* (2003) highlight the value of local understanding and knowledge for "citizen judgments" in order to make decisions between project alternatives. They describe using small group techniques to tap local expertise and claim that locally defined indicators minimise the risk of missing important development implications for the community. Harris *et al.* (2003) applied ICF to a salmon-recovery programme and used residents' knowledge and understanding of their communities and how they saw changes affecting them personally as central to the identification of indicators. Precise description of methodology is not given in the identification of these indicators.

Summary

Looking at the 30 years of evolution of SIA it is clear that communities are now attributed a much higher status in decisions related to development, even if this is expressed in theoretical discourse rather than practical examples. The lack of a precise demonstration of how assessors ensure the indicators are community validated raises some doubts about the process. Rigorous methodological steps need to be detailed before a judgment can be made that assessments are community driven. SIA guidelines, even those emphasising the community as the core component in the assessment cycle, are still not specific enough about how community validity is assured with the selection of indicators and they often consider community input too late in the process—post facto. Implementation must include communities at the planning phase of a project and use community-selected indicators of social well-being to be included as examples of best practice.

Health impact assessment (HIA)

Environmental impact assessments using a narrow and specific focus led to the spin-off

development of EHIA (World Health Organisation 2004). In turn, this prepared the ground for the development of SIAs. From there it was only a small step to design assessments to focus specifically on health (Kemmm and Parry 2004a). The close link and overlap between the EIA, SIA and HIAs can be seen in the basic steps they use for each process: screening, scoping, risk assessment, decision-making, implementation and monitoring (Kemmm and Parry 2004a, p. 16).

Birley (2004) pointed out that the impacts of development projects are usually more profound in developing countries than in developed regions, hence HIA are more common in regions where development problems can be compounded by the presence of tropical diseases that have been eradicated in developed regions. For example, increases in malaria may come from the proliferation of mosquito breeding sites as a result of logging activities. Unfortunately, while illustrative, this approach focuses again on technical and reactive biomedical research and assessment and therefore devalues genuine HIA, with its more holistic and prospective measures.

The purpose of HIA is twofold. First, it aims to predict the effects of a particular action (programme, project or policy) on the health of a specific population and second, it aims to assist and influence a decision-making process based on this prediction. Ideally, this decision-making should lead to the identification and modification of policies and procedures and ultimately to the promotion of health and well-being (Kemmm 2001). Kemmm and Parry (2004a) suggest three ways that HIA can influence decision-making. It can raise awareness of the relationship between health and the physical, social and economic environment; it can assist in identifying and assessing possible health consequences, and it can assist those affected to participate in the process. On this last point, they argue that this "implies that people should have the opportunity to know and influence the questions being asked and the issues being investigated in an HIA" (2004b, p. 8).

To facilitate a more streamlined approach to HIA, a number of guidelines have been developed, mainly by western theorists for application in western contexts. One of the first formal documents was the Gothenburg

consensus paper (European Centre for Health Policy [EHP] 1999) which was intended to create a "common understanding of HIA" (1999, p. 1). It stated that HIA includes "consideration of opinions, experience and expectations of those who may be affected" (EHP 1999, p. 8) yet no standards for achieving this are described.

In the same year the frequently cited *Merseyside guidelines for health impact assessment*, which are now available in their second edition, were published in the UK (Scott-Samuel *et al.* 2001). The document clearly focuses on prospective HIA and lists guidelines on procedures and methods using the generally accepted basic steps cited previously but "interview stakeholders and key informants" is only part of the fifth component of the process. As in the Gothenburg paper (EHP 1999), cultural perceptions of health are not considered – surely a grave oversight in a country as multicultural as the UK. Overall, these guidelines focus on measurable impacts and definitions of health as proposed by western health professionals.

Two often cited reviews in the field of HIA (McIntyre and Petticrew 1999; Taylor and Quigley 2002) provide convenient access to 33 documents, none of which mentions a cultural context or considered a local perception of health. Neither of the documents advocated community involvement in defining health and well-being.

Douglas *et al.* (2001) conducted two pilot HIAs, one using the *Merseyside guidelines*, the other Scottish guidelines and then proposed key principles for HIA. They emphasised the need to understand how people are affected by impacts and to examine the "value that affected people place on different health impacts" (2001, p. 152). However, the article does not reveal if such a stance has been taken in the case studies reported therein and if so, how community-driven information was obtained. The key principles offered are comprehensive but fail to add new aspects to HIA methodology. Australian guidelines on HIA (enHealth Council 2001) draw on the first edition of the *Merseyside guidelines* and focus on incorporating HIA into the EIA process. This document notes that the steps for EIA and HIA are different, but there is no explanation of what these differences are. The document cautions that the guidelines

should be used critically as "they do not necessarily address the social, community or psychological dimensions of health and well-being effectively" (enHealth Council 2001, p. 16), a warning applicable to this document itself. In over 50 pages, the term "indigenous" is used only twice, despite the large Aboriginal population in Australia. Ethnic minorities are not discussed and the phrase "communities should be involved" appears to be an idealised recommendation rather than an embedded part of the process.

The *European policy health impact assessment* (EPHIA) guide (Abrahams *et al.* 2004) aimed at synthesising generic assessment methodology to support the development of a European Union policy. The authors drew on the *Merseyside guidelines for health impact assessment* and point out the utility of a social model of health and the importance of a range of social determinants of health including "community spirit" and "community involvement in public policy decision-making". Pilot stakeholders and key informants were composed of various organisations, unions, government and non-government agencies, institutes, university departments and so on, but a direct sample of lay community members was not recommended. All indicators in the profiling step are quantitative but it is mentioned that it is "important to be aware of comparability between indicators ... and the operational definitions should be the same" (Abrahams *et al.* 2004, p. 12). This, however, refers to expert definitions.

The guidelines present three types of HIA, desktop, rapid, and in-depth. The desktop data collection is limited to a literature review, and therefore allows little chance to tailor the HIA to a specific situation or community. Later in the report the relevance of qualitative data for an in-depth HIA is emphasised for its capacity to gain an "in-depth picture of the range of health determinants" (Abrahams *et al.* 2004, p. 14). This could imply that the community is to be asked about what they perceive as important for their well-being; however, the report provides no clear support or guidelines for this assumption.

In contrast, the *Canadian handbook on health impact assessment* (Ministry of Public Works and Government Services Canada, 1999) is notable not only because it is a large volume

with a thoughtful structure and rich detail but also because it treats the issue of community definitions and input in some depth. Contrary to its title, its purpose is to assist in incorporating HIA into a basic EIA process and to provide detailed instructions, factors and criteria that need to be considered for an HIA to be valid.

Volume 1, "The basics" in this handbook is devoted to the need for public participation from the onset of any assessment, and to the need to include traditional understanding of health even if the indicators it generates are not considered measurable by western methods. Importantly, the authors caution that the use of traditional knowledge by outsiders who do not know the contextual elements of such knowledge could lead to the "temptation to compare scientific and traditional answers" (Ministry of Public Works and Government Services Canada, 1999, p. 5/10). Volume 3 of this handbook, "Role of the health practitioner", takes up the notion of values by stating that the identification of health implications requires the accurate identification of those affected, taking into account the values that are important to them and properly understanding these (1999, p. A4). Overall, this handbook provides minute detail for assessing environmental health impacts quantitatively and also provides a number of good starting points to consider other aspects as well. Unfortunately for the purposes of this literature review it is not known if any assessments have been based on these guidelines and what the outcomes have been.

Finally, we examine two detailed reports on actual HIA in practice with regard to their level of inclusion of community involvement. The first is the *Health impact assessment for the Salford health investment for tomorrow – the SHIFT project* (Douglas 2001). This assessment used the *Merseyside guidelines* as a framework and set out to predict impacts of a planned reorganisation of the local health service. This prospective HIA used several methods of data collection, including rapid assessments. Disadvantaged communities are mentioned ("each group requires special understanding", 2001, p. 31) but no method to elicit this understanding is defined in the report. Cultural perceptual differences regarding health between the many ethnic minorities are not considered explicitly. The outcome of this study is a very detailed

matrix of predicted health impacts but, while different interest groups provided input depending on their expertise, the main indicator categories used have all been pre-determined by experts/outsideers.

The second assessment describes the people assessing their health (PATH) project (Gillis 1999) which was conducted in three communities in Canada as a response to the planned decentralisation of health care. This project stands out as it goes beyond the tokenistic position on community involvement found in many guidelines and publications and puts the requirement into practice. With the help of a resource centre, a university department, and a health service, the communities identified the factors that determined their health and, in addition, they developed the tools to assist them in the assessment of the impacts in their communities. The four steps of the PATH project were: building the community process; facilitating community discussion (based on the assumption that people know what makes a community healthy); designing the tool; and supporting the community use of the tool. Unfortunately the project came to a halt when the government stopped policy implementation. Mittelmark *et al.* (2004) discussed the role of HIA in community development in two examples. One is the above-mentioned PATH project, the other a project in Tasmania, Australia. Both have in common the fact that it was not a specific project, programme or policy that started the assessment but a specific concern that citizens had and, as such, was a community-driven process.

Summary

This review of HIA literature suggests that there is still a great deal of movement in the conceptualisation of HIA including its definition, purpose, and scope. As a greater range and complexity of HIA methods become available and more communities demand the right to articulate what they consider important, we may move closer to achieving an equity of voice between developers and the communities in determining what development projects are to occur. A basic ethical consideration should be that projects should not commence in any community without the blessing of that

community. This cannot be done unless the community has been allowed to define their own values and needs, make an input about the developments they would like and make the ultimate decision about whether or not a project should be allowed to proceed. Such a process recognises that only the people who live in a community have the depth of knowledge and expertise necessary to understand what creates the heart of their community life and how that is sustained.

Unfortunately, achieving this position may well depend on the political will and contributions of a range of professionals to allow communities to be placed in the position where they are able to use or even conduct assessments by themselves. Mittelmark (2001) argues that highly technical and complicated methods exclude the average person from participation. He notes that "user interfaces of the simplest kind are needed if HIA is to reach where it is most needed. Health promotion should strive to build an approach to HIA that any person or group with average education and intelligence can master with some study and practice" (2001, p. 271). Furthermore, he states that "further development of simpler, people-centred, low technology approaches to HIA at the local level is called for" (2001, p. 269).

It is evident, that, at the time of writing HIAs contain very little in terms of community perceptions of concepts and the use of terms like consideration of the public, public involvement and community participation are often tokenistic and lead to no real inclusion of community views. Often community involvement is mentioned in Step 2 of an assessment process (Scoping = assessment of what impacts might be important), well after the projects themselves have been designed. This is too late. Communities need to be involved right at Step 1 of any project (Screening = check whether or not an assessment is needed). If outsiders do not know people's perceptions of certain concepts, they may decide that no assessment is needed when, in fact, this reflects their lack of knowledge rather than the reality. Outsiders should not be given this much power over community life. In short, by involving the community in Step 2, an outsider perspective has already taken over the assessment and this position of dominance cannot be remedied later in the process. Locating

consultation at any step after the initiation of a project or assessment process makes it externally driven.

It seems that in the past two decades little new input can be found in the evolution of meaningful HIA methodologies and indicators and that every attempt should be made to overcome this stagnation. Some HIA guidelines have become more detailed in the way data are collected or steps taken. While there is no doubt that all current health-related indicators are important, whether they are mortality rates or proportions of unemployed to employed people, and that they will always be a crucial part of a thorough assessment, the inclusion of aspects important and meaningful to the affected people must be demanded to obtain a meaningful and ethical impact assessment for development purposes.

Similar to the findings in the review of SIA, apart from very few exceptions, the literature on HIA seems to be a mere confirmation of previously accepted assessment processes. The literature is replete with calls at the theoretical level for inclusion of communities yet actual community involvement at the point where their involvement would be most crucial, that is, right from the beginning, is lacking. It is clear that incorporating people's perception of individual and community well-being at the point where it could dictate the direction an assessment and/or a project would take, (that is, have real decisional power) is still not a mainstream process.

Conclusions

This article presents a critical overview of selected literature on the historical and philosophical evolution of impact assessments that are currently in use to plan, monitor, and evaluate programmes, projects and policies. Impact assessment was created as a response to the negative environmental and social outcomes of large engineering projects. Changing worldviews in relation to the value of the environment, the rights of indigenous people and the community ownership of shared resources provide the background whereby impact assessments have come to be accepted as a general requirement for developments.

Over the years impact assessments have been refined and several useful manuals and guidelines have been produced to achieve a degree of standardisation and comparability. Some guidelines stand out for their meticulous detail in measuring, monitoring, and comparing trends of scientific data and their ability to enable experts to assess the potential impact of a plan and suggest mitigation of its negative consequences. However, while the need to include the target community in the assessment process has been acknowledged over the last 10 to 20 years, the literature clearly demonstrates that much of this acknowledgement is mere tokenism and that the complex criteria and rigour such involvement requires have not been established.

The inclusion of criteria that are meaningful to the community, not primarily to the developer or the company seeking a business opportunity has not entered the wider impact assessment discussion. There are a few notable exceptions, such as Eyles (1997) in EIA, Buchan (2003) in SIA, and Mittelmark (2001) for HIA. These authors argued that without understanding the world of the specific community and its people's understanding of core concepts such as well-being, or their local values, assessments are based solely on an outsider-driven understanding of the world and as such are meaningless. This is unethical, not least because it is the local people who have to live with the impacts of development in their daily lives, not the scientists who design assessment tools.

Unfortunately, a power imbalance is evident in that assessment tools, processes and protocols, and the scholarly literature on impact assessment do not originate from a community perspective but from the viewpoint of those who represent power through their knowledge, expertise, business interests, position in society or genuine or perceived authority. The prevailing structures, frameworks, and concepts favour the power holders and even the language employed in impact assessment, as currently administered, tends to exclude those who are affected most by planned changes.

This review has clearly demonstrated that impact assessments rarely originate from the community or are community controlled. In today's climate this is inappropriate and

unacceptable in any context. It is even more inappropriate with vulnerable rural, remote, poor, indigenous or other marginalised communities, especially in the developing world. Communities' individual and collective rights have been acknowledged in a range of international declarations such as the Declaration on the Rights to Development of 1986 (Office of the High Commissioner for Human Rights 1986), the Rio Declaration on Environment and Development (UNEP 1992), and, among others, the recent Brisbane Declaration on Community Engagement (International Conference on Engaging Communities 2005), but in practice such rights seem to be ignored.

The gap between the theoretical advocacy for community involvement in impact assessment and the subsequent lack of guidelines for doing so point, in the best case scenario, to an inability to deal with this requirement because of its complexity. The principles of corporate social responsibility would demand that it has to be the affected community that decides for or against a development after carefully considering its impact. This decision cannot be achieved if developers force a community to respond to their pre-developed aims. At the time of writing no standardised protocol seems available that enables practitioners to include community-validated indicators in their assessment. If communities are not consulted in their own language, using concepts that they define as core to community life and communication modes that are meaningful to their context, their response can never be accepted as true acceptance of a project.

Assessment tools have not even begun to consider indicators that might monitor the impact of projects on children's development, well-being, and future—those born today and those born 10 years and 10 generations from now. This article is one more contribution to calls for the development of a rigorous impact assessment that centralises human development as a core corporate and human responsibility. Only in daring to embrace this reality and to challenge the dominance of economics over human welfare can we develop tools that will truly empower individuals and communities to protect and develop their own resources.

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Bridging the Conceptual Gap between Researcher and Respondent by Using Simple Rank Ordering: An Example from the Peruvian Andes

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Abstract: Many studies using a qualitative approach attempt to understand the perception of people within their different cultural context. However, frequently, the way concepts are understood - mainly abstract in the case of the researcher, and more pragmatic in the case of the participant - may introduce bias and, hence, influence the way questions are phrased, understood, responded to and, ultimately, analysed and interpreted. The researcher's questions are based on the researcher's concepts and expectations. The respondent's conceptual understanding either does not cater for these expectations at all, or provides answers prone to misunderstandings. Using a rank ordering method that 1) incorporates generally accepted and understood concepts and 2) is done as a simple paper and pen procedure, can form the basis for discussions of concepts the researcher is interested in, but from the respondent's perspective. The method is demonstrated by using the example of Peruvian villagers' views on a healthy community in relation to tourism impacts.

Keywords: Tourism Impact, Rank Ordering, Community Health, Tourism in Peru

Introduction

THIS PAPER DESCRIBES one of the methods used in a project designed to identify villagers' views on factors important for a community's health and well-being. The concern arose from tourism's growing impact on the health of local populations in developing countries living in 'adventure' tourism destinations. After briefly outlining the justification for the project, two separate yet linked topics will provide further rationale for the method recommended here. A step-by-step guide will conclude with an appreciation of this approach.

The Project - Tourism's Health Impacts

Tourism is the fastest growing industry internationally, and this growth is fuelled by increasing numbers of Westerners who travel to destinations in the less developed world, often called 'adventure tourism' or 'eco-tourism'. For some time, research has clearly established that travel has an impact on the visited people and sites economically (Hundt, 1996), environmentally (Maurer, 1992) and socio-culturally (Mathieson & Wall, 1982), and particularly in developing countries. However, there has been little focus on the implications of tourism for the host communities' health status. Travel has been indicted in the emergence of new infectious diseases and the re-emergence of diseases previously thought eradicated (Wilson, 1995). I had argued earlier (Bauer, 1999) that there needs to be a way for developers, local authorities, other local stakeholders and also the

local communities affected to assess possible health impacts of prospective and current tourism projects. To date, there is no measurement tool which can also be used by the communities themselves to assess health benefits and costs of a proposed development in an efficient and reliable manner. Hence, communities in developing countries often have to make decisions about future developments without understanding the health costs which may be borne by them in the future. To be of benefit, a health impact assessment tool must appreciate and incorporate community understanding of health in the broadest sense and their core needs and concerns. The purpose of this long-term project is to identify some main concerns for communities in the developing world regarding their health and well-being, so that they can be used in the future as indicators in a health impact assessment tool for tourism. As this paper focuses on a method employed, the project itself will only be referred to where needed for illustration purposes.

Further Background

Impact Assessments – For whose Benefit?

The context of this project is based on the problematic nature of validity of impact assessments conducted in preparation for development projects. Historically, such assessments, be they environmental, social or health orientated, were - despite their claims of community involvement - virtually exclusively outsider-driven. This means that 'experts', de-



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velopers, academics, any stakeholders with self-interest, design a project, plan or policy, and assess its environmental, social and human cost based on their own indicators of choice. Hence, intentionally or not, an imbalance of power and control exists from the onset of such developments. Moreover, such bias is rarely counterbalanced by adequate community consultation. Criticism of such practices has, over time, led to the inclusion of steps such as 'consideration of the public', or 'community involvement' but, as a review by Bauer and Thomas (in press) revealed, so far, this acknowledgment has been mere tokenism.

A number of international declarations acknowledge the rights of communities, such as the Declaration on the Rights to Development of 1986, the Rio Declaration on Environment and Development of 1992, or the Brisbane Declaration on Community Engagement of 2005. Therefore, and in line with such documents, current impact assessment practice is unacceptable, even more so when the target communities are the vulnerable poor, indigenous or marginalised, especially in the developing world. To redress the balance of power and control in such assessments, the inclusion of criteria meaningful to a community (rather than to a developer) is crucial. However, one should not accuse every impact assessor automatically of self-interest. Rather, even with best intentions, it can be methodologically very difficult to determine community validated indicators. It seems the lack of suitable and field-tested procedures makes the job very hard. Not surprisingly, Mittelmark (2001) called for 'further development of simpler, people-centred, low technology approaches to HIA [*health impact assessment*] at the local level' (p. 269). I argue that the method proposed in this paper meets this requirement. Yet, it is not just the simplicity of procedure that is needed. Communities must be consulted in their own language to demonstrate that their views carry weight.

Thinking the Same Thought, Speaking the Same Language?

The second major issue, and following from this discussion, is the problem of communication of individuals on 'either side of the divide', 'divide' as in imbalance in education, knowledge, power, or influence. Unpalatable as some might find it, researchers and 'the researched' find themselves rarely on equal terms.

Interviews are a suitable way to an in-depth understanding of people's perceptions, from the simple description of mundane everyday occurrences to enjoyable discourses about the most abstract ideas imaginable. And this works with people whose education prepared them to create, reflect on, justify,

express and debate abstract thoughts. However, if this common ground is not there, researchers' expectations may be crushed in disappointment, or they may try, at any cost, to extract abstract interpretations of responses where none is to be found. Therefore, it is important to clarify first what participants are able to deliver. A researcher may keenly hunt for evidence for some imagined earth-shattering discovery, when the participants' main concern is to get through the day, to ensure that all the hard work is done and sufficient food for all can be put on the table once a day. Proposing to interview villagers on a certain topic is nothing unusual, yet, do we really let *them* speak to obtain *their* view as claimed in many a research proposal?

This is then, where the often emphasised (yet, often added as a token) 'from the respondents' view' comes into the equation, and a way needs to be found so that, indeed, the respondents' understanding of a concept is recorded rather than the researcher's understanding of the concept of the same name. The same vocable or term 'health' may have a very focused and narrow meaning for a poor farmer in a remote part of the world (e.g., being fit to work), compared to 'health' as understood by the researcher, who incorporates medical, social, environmental, political, biological, sociological and other -ological determinants and aspects. In other words, there seems to be a danger of misinterpretation in terms of 'oversizing' findings when what was proffered by the participant was very clear-cut and pragmatic.

Looking at the issue of taking seriously communities' views on what is important to them according to their own values and beliefs, it is crucial to be as clear as possible so that concepts that communities use while discussing, for example, their collective well-being, are treated as understood by the communities, not as understood by the researcher. Researchers have a head start based on their privileged educational background. They find themselves most probably in a situation where their understanding of a concept is abstract, broad, encompassing according to Western reasoning, while for participants who have not had the opportunity to juggle abstract thought, and who live in poor, remote communities in a developing country, the same concepts represent narrow, pragmatic, concrete, specific entities. Subsequently, the researcher may not be aware that, while both speak about health, the scope of the topic is completely different. We must be aware that there is a considerable potential for misunderstanding simply because the associations with a word/concept are intrinsically different. The necessity to make adjustments on the researcher's side to capture what participants mean, is somewhat similar, but also different, to 'bracketing' in phenomenological research. Similar, in that it is acknowledged that there

is no automatic common ground in terms of understanding or perception, and this needs to be catered for; and different, in that, while the 'Rule of Epoché' (Spinelli, 1989) in phenomenology requires to set aside biases, prejudices, expectations and assumptions temporarily (and participants share a common understanding of the topic in question!), here, the difference lies already in the essential baseline understanding of a concept. Unless researchers are aware of this discrepancy - and they would only find out either by chance, i.e. when their interviews don't work, or if they acknowledge that cross-cultural research needs an enormous amount of preparation to be valid - they will interview, analyse, and interpret based on their initial expectation and understanding. Instead, to understand the participant, concepts used should be explained by the participant, and discussed, recorded and interpreted within this context. The findings may not be spectacularly abstract thoughts and theoretical insights but they may reflect the participants' 'truth', as it is of concern and interest to them.

Returning to the project described earlier on, interviews were the data collection of choice to elicit villagers' views. However, it was understood from the onset, and confirmed in many conversations with villagers, that the creation of assessment indicators meaningful to *them* by using *their* perceptions of *their* problems, concerns, values, in *their* communities on *their* land required also the acceptance of *their* understanding of concepts, not the researcher's academic interpretations. The identification of all possible impacts of tourism on community health would be useful if unlimited resources were available to address all those aspects. As this is not the case, a weighting of concerns is important so that at least the most prominent issues can be monitored and attended to. Therefore, some ranking needed to occur. The discussions above, and previous positive experience with the rank order method presented here, led to the decision to incorporate the procedure in this project. During the administration of the data collection, the benefits of this decision became very convincing very quickly.

The Method: Simple Rank Ordering

Background

Little literature was available on this method as used here, when I employed it around 15 years ago in a study on patients' perceptions of their privacy in a German acute care hospital (Bauer, 1994). Justifications of the method and descriptions of calculations date back many decades, e.g. Friedman (1937) or Bross (1958). The method generates comparative judgement (Crano & Brewer, 1986) by encouraging participants to rank a range of concepts according to

the level of importance attributed to those concepts in relation to a specific topic. As Kerlinger (1986) outlined, individuals using this method will, at least in part, escape stereotyped responses and the tendency to agree with socially desirable items, a problem often seen with Likert scales.

Of particular value is the versatility of this method. Number-based, it is a prototype of quantitative research, useful for sample sizes from down to the minimum number for the results to be meaningful to up to several thousands, easily analysed using a computer program. But this is not the use I am proposing and supporting here. While the analysis of the data clearly is number-based, hence quantitative, I feel this method - and I anticipate an outcry in some camps - should also be attributed to qualitative inquiry for the following reasons. First, the placing of concepts into a chosen sequence of perceived importance is highly subjective and only applies to the particular person deciding on a rank order at the time of decision making. Second, while calculations and statistics are involved in producing a visual summary of the ranking decision of a group of people, the result (visual summary or depiction, here lines are used) is a reflection of this subjective decision. Numerical values are only important if somebody wished to have a more exact idea of how far the perceived mental distance is between one and the next item/concept, but this is of little practical consequence in this current case and in many other situations. The actual ranking sequence, and this is presented without any figures, is sufficient to comprehensively understand a group of people's views on a topic of interest. This 'hijacking' of numbers for qualitative purposes is common, as the following example may show: If a study consists of seven large in-depth interviews, a possible interpretation of the findings may read like '... for most, this experience was xyz'. To reach the assessment 'most', the use of figures is implied and may mean five out of the seven, or six out of the seven interviewees. Therefore, quantity is used to arrive at a statement presenting qualitative results.

The method is now explained as it was used in the current project. After receiving ethical approval, and observing all local ethical requirements, the data collection took place in March and April 2006 in two small villages, Colcqmán (18 participants) and Pashqabamba (17 participants), high in the Cordillera Huayhuash in the Peruvian Andes. The names of the villages have been changed to protect their identity.

Production and Choice of Rankable Items

Generally, no more than 10 items should be chosen as an increase in items makes ranking decisions increasingly difficult for participants. Based on the

[illegible]

Generally, people found much enjoyment in sorting concepts. It seemed, having words on cards turned concepts from alien, abstract, unknown, and meaningless entities, into something they were familiar with, something real and tangible. Also, either mumbling to themselves or trying to justify to me their decision, most people suddenly started to talk much more about the topic in question than in the interview itself. The only practical issue sometimes was to find enough even space to position the 10 small cards. Kitchen tables, the street, a pile of carefully stacked dried cow pads, the loading area of a pickup, a stone wall in the fields, and so on, were all found suitable to get the task done. Equally amazing was to find that virtually every participant beamed at the end of the task, feeling that something important had been accomplished to everyone's delight. While one would normally interview participants on their own, ensuring utmost privacy, this was not always possible (or desired). On two occasions, the small children of a family were watching from the background in awe, aware that they were

witnessing something very important. Once, an elderly respondent's sister could not be removed from the scene and, although the ranking was entirely the participant's final choice, it was interesting to listen to their discussion which provided much insight.

Analysis

A detailed step-by-step instruction for analysis can also be found in Bauer (1995). The completed data sheet (Table 1) is the basis for all following calculations. Part of this analysis, and its first step, is the depiction of ranking patterns. One simply counts how many times an item has been ranked first, how many times second, third and so on. This step should always also be presented as a result, as it allows the reader to understand how many people ranked which item in which place (Table 2, Table 3). To read these tables, choose an item (e.g. 'C') and a rank (e.g. '4') and read the value where column and row meet (in Table 2 this would be '6'). This means that six participants ranked 'C' (Family) as the forth most important item for community well-being.

Table 2: Ranking Pattern Colcqmán

[illegible]

Table 3: Ranking Pattern Pashqabamba

Ranking pattern of 17 participants											
Items	Ranks										
	1	2	3	4	5	6	7	8	9	10	
A	2	4	4	1	2	3	1	0	0	0	17
B	6	2	3	2	1	0	1	1	1	0	17
C	3	4	0	3	0	2	0	1	2	2	17
D	2	3	1	2	3	2	3	1	0	0	17
E	0	2	1	5	2	0	1	3	3	0	17
F	0	0	1	0	1	0	0	0	1	14	17
G	0	2	4	2	3	2	1	2	1	0	17
H	0	0	1	0	0	4	3	4	4	1	17
I	1	0	1	0	2	3	6	2	2	0	17
J	3	0	1	2	3	1	1	3	3	0	17
	17	17	17	17	17	17	17	17	17	17	

Next, the *mean rank* for each item must be calculated by determining the sum of ranks awarded for it by all participants (per village) divided by n (= number of participants). Using the example from Pashqabamba and item 'A', the sum consists of: $(2 \times 1) + (4 \times 2) + (4 \times 3) + (1 \times 4) + (2 \times 5) + (3 \times 6) + (1 \times 7) + (0 \times 8) + (0 \times 9) + (0 \times 10) = 61$, then, divide by 17 (number of participants) = 3.588 (see Table 5, mean rank column for 'A').

After that, *mean ridits* for each rank are calculated. Ridits are a convenient way to present rank sums (see Figures 1 and 2). The term 'ridit' comes from '*relative to an identified distribution*' (Bross, 1958).

It is an estimation of the proportion '...of all individuals with a value on the underlying continuum falling at or below the midpoint of each interval' (Fleiss, 1981, p. 151). The formula to calculate mean ridits is:

mean rank - 0.5, divided by k

where k is the number of items ranked. Going back to item 'A' in Pashqabamba, this means $3.588 - 0.5 = 3.088$, divided by 10 = 0.3088. The result of the mean ranks and mean ridits are presented in Tables 4 and 5.

Table 4: Mean Rank and Mean Ridit Colcquamán

Item	Mean Rank	Mean Ridit
A	3.222	0.2722
B	2.889	0.2389
C	4.167	0.3667
D	3.222	0.2722
E	5.889	0.5389
F	9.222	0.8722
G	5.778	0.5278
H	5.667	0.5167
I	7.167	0.6667
J	7.778	0.7278

Table 5: Mean Rank and Mean Redit Pashqabamba

Item	Mean Rank	Mean Redit
A	3.588	0.3088
B	3.294	0.2794
C	4.764	0.4264
D	4.412	0.3912
E	5.588	0.5088
F	9.235	0.8735
G	4.882	0.4382
H	7.412	0.6912
I	6.353	0.5853
J	5.470	0.4970

The mean ridits conveniently represent information that allows the design of a visual summary of the ranking decisions of all participants in a group (here: a village). The values of the mean ridits are transformed into millimetres and located on a line of 10

cm in length, on a continuum from close to 0 to close to 1. For example, if the mean ridit for item 'H' is 0.5167, it is located 51.67 mm from zero (see Figure 1).

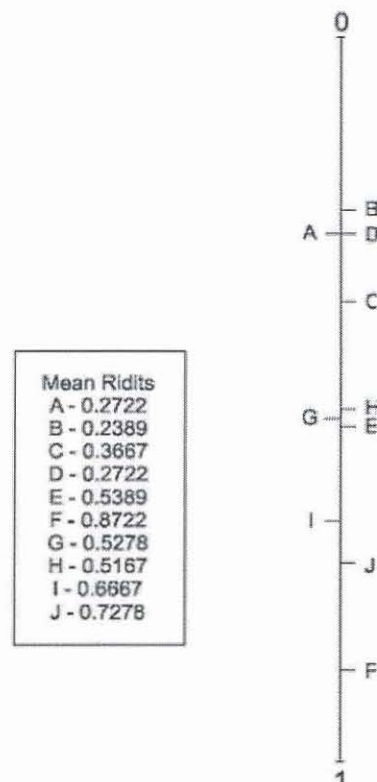


Figure 1: Visualisation of Ranking for Colcqmán

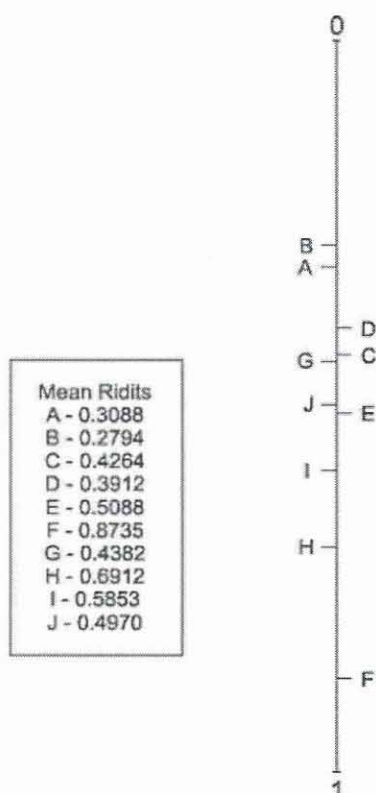


Figure 2: Visualisation of Ranking for Pashqabamba

Finally, a comparison of the ranking sequences between the two villages is facilitated by simply placing them in two columns and, for easier assessment, lines can be drawn between corresponding

items (see Figure 3). The same could be done to compare the ranking between genders or various age-groups or any other stratifications of interest to the study topic.

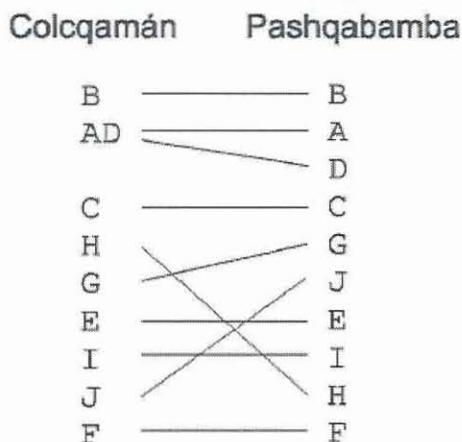


Figure 3: Comparison between Colcqmán and Pashqabamba

Statistical Test

For the purpose of getting a relatively quick first impression of a group of people's views, applying a statistical test may not be necessary. However, two useful tests are Kendall's Coefficient of Concordance, where the highest agreement among people

would be $W = 1$, no agreement $W = 0$, and Friedman Two-Way ANOVA to determine statistical significance. These tests can be calculated manually in the field, but require a calculator with a wide enough window to accommodate large numbers halfway through the calculation. Other tests are used for cross-tabulations, e.g. for gender or age, as required.

Formulae for such tests can be found in any suitable statistics textbooks.

Discussion - Findings

The final ranking of a group's views can be observed independently, or can be compared to any number of other groups represented in one study. Furthermore, groups' views from different studies that used the same ranking items can be compared. In this current study, two villages were compared to grasp common and differing perceptions. For this paper, the findings will not be interpreted and discussed in detail. Only short mention will be made to indicate the direction of this step. In this particular case, the health of the individual (understood as physical health) was most important, followed by education (mainly to get work outside the mountains for a better income), work (to feed a family, and not to laze about and do stupid things), and family (as the unit of safety, security and interpersonal relationships). The ranking of the environment in the second half came as a surprise as many respondents discussed their clean water (under threat by mining operations), clean air, and the problem of waste disposal at length. Interesting is the difference in ranking of 'harmony' between the two villages. Furthermore, religion, was seen as least important although the advent of a considerable range of Protestant denominations in traditionally Catholic communities had created considerable tensions. These findings are then interpreted in detail and enter the pool of findings from interviews, informal conversations, observations and so on. The overall findings then become the basis for the design of indicators for the health impact assessment tool. The visual summarisation display (see Figures 1, 2, 3) can be used to report back to the participants, and plan and base further collaboration on this stage of the study. It is also useful for the researcher to effortlessly assess findings midway, to re-think the direction of a study, or to confirm and validate other findings.

Discussion - Method

In any study, the use of a method should be reflected on, and advantages and disadvantages noted. After the method being used by myself and research students, I have yet to come across a disadvantage, if the method is used for what it can do. The advantages apply to the participants who rank items, and to the researcher who plans, administers, analyses and interprets the rank orders.

Advantages for Participants

For participants, this form of data collection is quick, convenient, even fun. And even with two arms in

plaster, a participant can instruct the researcher to place cards in the desired order. The method assists in clarifying their thoughts and visualises their own perception. Because a result is produced in the end, even people without much confidence can have a sense of accomplishment. In this particular study, all these advantages could be observed.

Advantages for Researchers

For the researcher, again, the simple and fast application is one major advantage, particularly when studying in the field and under difficult circumstances (physical, environmental). An invaluable advantage is the fact that participants may, by themselves or prompted, talk themselves through their choices and the decision process, again, a valuable source of qualitative information. In the future, this should be tape-recorded (where appropriate) and added to a preceding or following interview. With small numbers of participants, there is no need for computer software and, therefore, this method can be used virtually anywhere using pen, paper (an old envelope or napkin) and a calculator - if a study requires, even on the back of a camel or under water. The steps of the analysis are easy to follow, and the analysis can be done in the field effortlessly. This saves returning to a computer or the researcher's office for analysis. The results can be displayed and compared visually and also used to present data in settings where the audience may lack the expertise to understand complicated statistical presentations. Compared to these advantages, other ranking/rating methods such as Q-sort and Multidimensional Scaling (Morrison & Bauer, 1993) cannot compete, but that does not mean that more complex, comprehensive, computer based methods cannot follow the initial exploration.

In this study, all participants were able to read Spanish. However, the method does not depend on literacy. For example, young children and illiterate persons can be given cards with drawings, photos, pictures. The same can be used if the researcher is not familiar enough with the local language and rankable items can be depicted. For older people, the font size can be enlarged, for young people, the 'hip' terminology of the day can be used. The use of colour or texture may be congruent with a particular study, or even not cards but other objects can be placed in an order. There is no limit to a researcher's creativity. A further advantage is that the appearance of the cards does not differ depending on its content. Each word on a card carries the same weight and, because a word is included, it is acceptable to be chosen. Therefore, this method could also be used to elicit responses that are seen as socially undesirable, poten-

tially embarrassing or easily 'forgotten' if asked in an open question, such as sexual preferences.

The method also allows on the spot decisions, e.g. regarding a possible change of direction of a study, the decision to introduce an additional data collection, or an additional theoretical approach, saving much time and money. Furthermore, this method allows true interdisciplinary cooperation, not only in setting the rankable items but also in collecting, analysing and interpreting the data together.

In summary, the simple rank ordering method is a compact little procedure with enormous application potential. This potential is based on the wide variety of possible respondents, possible topics, possible materials, possible timing (absolute or in relation to other data collection methods), possible purpose, possible locations, and possible researcher background. It is acknowledged that a detailed description of the method and the tables provided may give the impression of a complexity that is not there. The analysis follows straightforward mechanical steps, and many researchers may not even use a calculator.

Conclusion

This paper described the practical application of a simple rank ordering method in an attempt to overcome the gap in conceptual understanding between researcher and respondents. The method formed part of a data collection with the aim to design community validated indicators in preparation of a health impact assessment tool for tourism destinations in developing countries. The potential bias in impact assess-

ments to protect self-interest, and the difficulty in finding common ground when communicating concepts, have been the driving force to find a more suitable way to let people have their say. After the detailed description, the method has been appraised as having many advantages for respondents and researchers. So many, in fact, that the method may be found useful for a wide range of studies in a wide range of situations.

This paper started with 'bridging the conceptual gap', and argued that, predominantly based on Western education and reasoning, researchers are usually in the stronger position to work with abstract concepts that are meaningful to them. I must, however, state here very strongly that this does not mean that people who are not used to Western concepts do not employ abstract thoughts. But I argue that these thoughts cannot necessarily be obtained in a research environment where a formal interview (with information, consent procedures, often with signatures) comes across almost like an examination or interrogation. Rather, these thoughts, embedded in culture, tradition and history, are the ones that can be heard when sitting together in a field, herding livestock, or sitting around the fire at night, when conversations happen after much time has been spent together and trust has developed. An exchange between people on the same level, when the researcher has been accepted as worthy of receiving such insight. These opportunities are rare and precious, always a privilege and, out of respect, should not enter the context of research.

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Dr. Bauer is a Senior Lecturer in the Faculty of Medicine, Health and Molecular Sciences at James Cook University, Townsville, Australia. Her background covers a range of health qualifications from Germany, United Kingdom, Peru, and Australia, including Public Health, Tropical Medicine, Travel Medicine, Infectious Diseases, Nursing, and a Master in Tourism. She is also a 1997 Gorgas alumna and has worked in Germany, Austria, Syria, and Yemen. Extensive travels resulted in a research interest in Tourism and Health focussing (1) on travellers' health with an emphasis on tourist behaviour within the context of Health Promotion/Health Education, and (2) on the impact of tourism on the health of host communities in developing countries. She is on the Editorial Board of the *Journal of Travel Medicine* and a Fellow of the Australasian College of Tropical Medicine. She has authored and co-authored over 50 articles, contributions and books. <http://www.jcu.edu.au/school/ns/WHO/staff/bauer.html>

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